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# Final Rules Clarify Required Coverage of Preventive Items and Services

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The Affordable Care Act requires non-grandfathered group health plans to cover certain mandated preventive care services at no cost. On July 14, 2015, the Departments of Labor, the Treasury and Health & Human Services (the "Departments") issued final regulations. These regulations are effective for plan years beginning on or after October 1, 2015.

Notably, the guidance:

- Clarifies that if a plan that does not have in its network a provider who can provide a particular recommended preventive service, the plan is required to cover the service when performed by an out-of-network provider without cost sharing (i.e., at 100%).

- Indicates the effective date for changing required preventive services when new guidelines are issued.

If there is a change in the guidelines that occurs during a plan year, the group health plan must provide coverage for that item or service until the end of the plan year, except to the extent the change constitutes a downgrade to a "D" rating or the item was part of a safety recall or otherwise poses a significant safety concern. In such circumstances, the Departments will issue guidance addressing the change during the plan year. Note that any such change that occurs outside of renewal and affects the Summary of Benefits and Coverage will require 60 days advance notice before the change can be made.

## Employer Action

Employers should:

- Review existing preventive care practices and, in the event network providers do not perform certain required services, ensure the plan provides them at 100% out-of-network; and

- Be aware that changes to mandated preventive care services will generally take effect with the following plan year, except when downgraded to "D" or are subject to a safety review. The DOL will provide further comment in the event this occurs.