

Free preventive services for **pregnant women**

Most health insurance plans must cover a set of preventive services for pregnant women and women who are planning to become pregnant — such as screening tests and counseling — at **no cost to you**. This includes plans bought through HealthCare.gov. Taking advantage of these free services can help you stay healthy and avoid more expensive care later on.

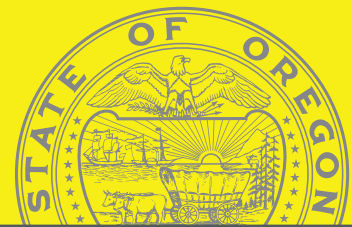
IMPORTANT: These services are free only when delivered by a doctor or other provider in the plan's network.

Free services for pregnant women or women planning to become pregnant include:

- **Anemia screening** on a routine basis
- **Breastfeeding comprehensive support and counseling** from trained providers, and access to breastfeeding supplies
- **Contraception:** Food and Drug Administration-approved birth control or contraceptive methods, sterilization procedures, and patient education and counseling; this does not apply to health plans sponsored by certain exempt religious employers
- **Folic acid supplements**
- **Gestational diabetes screening** for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
- **Gonorrhea screening** for all women at higher risk
- **Hepatitis B screening** at the first prenatal visit
- **Rh incompatibility screening** one time for all pregnant women and follow-up testing for women at higher risk
- **Syphilis screening**
- **Expanded tobacco intervention and counseling** for pregnant tobacco users
- **Urinary tract or other infection screening**

When requesting these services from your provider, say you want your free wellness services to ensure proper billing. Before agreeing to services or treatment, ask if any suggested diagnostic tests or treatments are free wellness services or included in your medical plan.

Brought to you by the State of Oregon. Visit OregonHealthCare.gov for more information.



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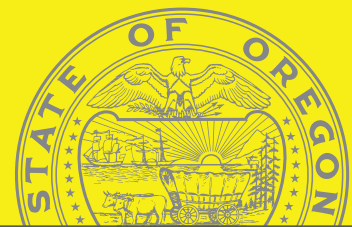
Essential health benefits for health insurance plans

Most health insurance plans bought through HealthCare.gov or from an insurer must offer a full package of items and services, known as **essential health benefits**. The cost of these services vary depending on the plan you select. To learn more about the potential costs, contact your insurer.

These benefits include:

- Outpatient care: The kind you get without being admitted to a hospital
- Trips to the emergency room
- Treatment in the hospital for inpatient care
- Care before and after your baby is born
- Mental health and substance use disorder services: This includes behavioral health treatment, counseling, and psychotherapy
- Your prescription drugs
- Services and devices to help you recover if you are injured or have a disability or chronic condition: This includes physical and occupational therapy, speech-language pathology, psychiatric rehabilitation
- Your lab tests
- Preventive services, including counseling, screenings, and vaccines to keep you healthy and care for managing a chronic disease
- Pediatric services: This includes dental care and vision care for children younger than 18

If you have questions about what else your health insurance plan covers, review your plan's summary of benefits and coverage or contact your insurer.



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