

Free preventive services for women

Most health insurance plans must cover a set of preventive services for women — such as shots and screening tests — 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.

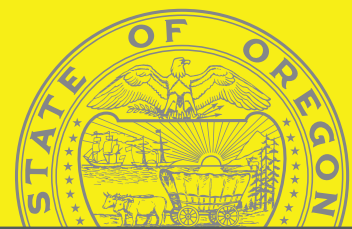
IMPORTANT: These services are free only when delivered by a doctor or other provider in the plan's network.

Free services for women include:

- **Breast cancer genetic test** counseling for women at higher risk
- **Breast cancer mammography screenings** every one to two years for women older than 40
- **Breast cancer chemoprevention counseling** for women at higher risk
- **Cervical cancer screening** for sexually active women
- **Chlamydia infection screening** for women 24 and younger and other women at higher risk
- **Domestic and interpersonal violence screening and counseling**
- **Gonorrhea screening** for women at higher risk
- **HIV screening and counseling** for sexually active women
- **Human Papillomavirus (HPV) DNA testing** every three years for women 30 or older with normal cytology results
- **Osteoporosis screening** for women older than age 60 depending on risk factors
- **Rh Incompatibility screening** and follow-up testing for women at higher risk
- **Sexually transmitted infections (STI) counseling** for sexually active women
- **Syphilis screening** for women at increased risk
- **Tobacco use screening and interventions**
- **Well-woman visits** to get other recommended services for women younger than 65

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

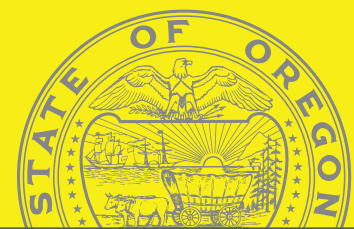
Most health insurance plans bought through HealthCare.gov or from an insurer must offer a full package of items and services, known as **essential health benefits**. The cost of these services vary depending on the plan you select. To learn more about the potential costs, contact your insurer.

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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