

Avoid the Unforeseen When You Screen

The Affordable Care Act (ACA) requires Medicare, Medicaid, and most private insurance plans to cover preventive health services like cancer screenings. However, you may end up with out-of-pocket costs if a screening exam turns into a diagnostic exam, which sometimes happens if you have symptoms or something is found. This is referred to as **cost sharing**.

Here are some tips to avoid cost sharing for covered screenings.

Tip #1: Contact your health insurance provider and ask to review preventive care guidelines to know what will be covered and what out-of-pocket costs may be. Visit <https://hhs.iowa.gov/programs/welcome-iowa-medicaid> or <https://www.healthcare.gov> for more information.

Tip #2: Remind your care team that under the ACA, procedures like colonoscopies and mammograms should be billed as preventive health services, even if a polyp is removed or a lump is found.

Tip #3: Schedule your screening based on current U.S. Preventive Services Task Force recommendations. Learn more about them at <https://canceriowa.org/screening-toolkit/> or by scanning below.

