

Take Advantage of These Free Medical Services

What if you found out that there are tons of free services offered by many health insurance companies that are just waiting for someone like you to take advantage of? Well, there are! Let's take a look at what those benefits are and how you can use them!

These free benefits are often not realized until many years down the road, but taking advantage of them now can spare you from unnecessary pain and financial burdens in the future. Health insurance is designed to help you; use it to the fullest!

Preventative Care

Your insurance plan has a vested interest in keeping you healthy and avoiding major costs down the line, so many preventive care services are available at no cost to you even before you have met your deductible (if your plan has one). Many services aimed at slowing down an illness you already have fall in this category too.

Preventive care can include various screenings and tests, shots and immunizations, and even certain counseling types. Some of the most common services include:

Screenings and Tests

- Cardiovascular disease screening
- Depression screening
- Diabetes screening
- Hepatitis B and C screenings
- Glaucoma tests
- Cancer screenings for colorectal, lung, breast, and

prostate cancer

Shots and Immunizations

Coverage varies depending on your insurance plan. You can visit [vaccines.gov](https://www.vaccines.gov) to see a more thorough list.

- Medicare covers shots for the flu, hepatitis B, and pneumonia.
- Medicaid covers all recommended vaccines for children.
- Private health insurance typically covers the recommended vaccinations.

Counseling

- Alcohol misuse counseling
- Diabetes self-management training
- Obesity counseling
- Tobacco use cessation counseling

A Few Things to Know First

- Find a care provider in your insurance plan's [provider network](#) to ensure the preventative care is covered.
- Preventative service coverage can vary depending on your age or health history. Talk to your doctor each year about the preventive care you should receive.

A complete list of preventive services covered by Medicare Part B can be found [here](#). The free services this medical insurance covers includes, but is not limited to:

- Alcohol misuse screenings and counseling
- Cardiovascular disease screenings and behavioral therapy
- Diabetes screenings and self-management training
- Flu shots
- Vaccines
- Cancer screenings
- Nutrition therapy services

- Obesity screenings and counseling
- One-time “Welcome to Medicare” preventive visit
- Yearly “Wellness” visit

Private insurance plans that comply with the Affordable Care Act (ACA) also has a complete list of free services found [here](#). (Note: ACA-compliant plans offer additional preventive services for [women](#) and [children](#).) This list includes the following:

- Abdominal aortic aneurysm screening
- Alcohol misuse screening and counseling
- Blood pressure screening
- Cholesterol screening
- Cancer screenings
- Depression screening
- Diabetes screening
- Diet counseling
- Falls prevention
- Hepatitis screenings
- HIV screening
- Immunization vaccines
- Obesity screening and counseling
- STI prevention counseling
- Statin preventive medication
- Syphilis screening
- Tobacco use screening
- Tuberculosis screening

Supplemental Benefits

Supplemental health benefits are benefits that are considered extra because, unlike preventive health benefits and essential health benefits, they are not required by law. However, your insurance provided may provide these extra services at no-cost or reduced-cost.

Supplemental benefits may include things like:

- Discounted gym memberships
- In-home personal assistance
- Respite services for caregivers
- Adult daycare
- Non-medical transportation

Check the booklet you receive from your plan to see if they offer any additional benefits or contact them directly to ask. These benefits are not always obvious, but taking advantage of them is a great way to truly get the most out of your health insurance.

Urgent Care Centers: Know Which Ones Are Covered

Urgent care clinics are expanding everywhere and are a more convenient and *much cheaper* option than the emergency room. Your insurance will only cover care received at urgent clinics in their networks, so check that yours is in-network before visiting.

Typically if you are seeking urgent care, you may not be in a position to contact your insurance plan to confirm which urgent care centers are considered in-network. At the beginning of the year, you should check your plan's "Summary of Benefits and Coverage" document or call them directly and find out which urgent care centers are in-network. This may help you avoid large bills later on.

If you experience a life- or limb-threatening emergency, you should seek care from an emergency room at the nearest in-network hospital.

Final Thoughts

Health insurance can be a little confusing, so if you need help understanding the different benefits and how to be

prepared to use them, don't hesitate to reach out to your insurance company. Being prepared well ahead of enrollment periods allows you to take advantage of all the possible benefits your insurance provides.