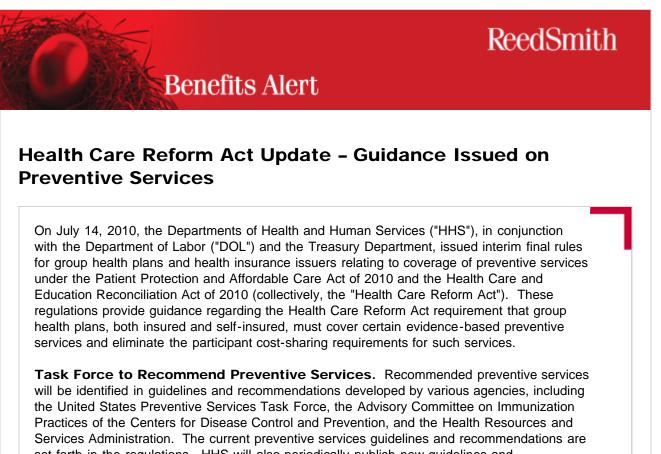
Reed Smith

Thursday, July 22, 2010

Alert 10-171

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set forth in the regulations. HHS will also periodically publish new guidelines and recommendations, and plans will then be required to comply with any new guidelines and recommendations as of the plan year beginning on or after the one-year anniversary of the date the guidelines or recommendations are issued. For certain guidelines and recommendations that went into effect after September 23, 2009, relevant compliance dates and additional information are available on the HHS website at:

www.healthcare.gov/center/regulations/prevention/recommendations.html.

Cost-Sharing Requirements. These rules provide guidance on the application of participant cost-sharing requirements to preventive services that are offered during an office visit. In general, if preventive services are billed separately, or if the primary purpose of the office visit is not to deliver preventive care, a plan may impose cost-sharing requirements.

Payment of Preventive Services Delivered by an Out-of-Network Provider. Plans are not required to cover preventive services provided by an out-of-network provider. However, if preventive services are covered, a plan may impose cost-sharing requirements.

Effective Date. Plans will be required to comply with the guidelines and recommendations listed in the regulations as of the first day of the plan year beginning after September 23, 2010. Grandfathered health plans are not required to comply with these interim final rules.

Employers should begin working now to comply with these regulations. Please contact one of the individuals listed below, or the Reed Smith attorney with whom you regularly work, to learn more about these regulations on preventive services under the Health Care Reform Act.

 → John D. Martini Partner Philadelphia +1 215 241 7908 → Christopher Ochs Associate Philadelphia +1 215 241 5677 	Rachel Cutler Shim Counsel Philadelphia +1 215 851 8158	Laurie S. DuChateau Counsel Pittsburgh +1 412 288 3004	→ Dennis R. Bonessa Partner Pittsburgh +1 412 288 3136		
ReedSmith reedsmith.com					

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