

IRS Expands List of Preventive Care Benefits HDHP Can Pay Before Deductible Is Met

July 2019

The Internal Revenue Service (IRS) has expanded the list of preventive care benefits that can be covered by a high deductible health plan (HDHP) prior to satisfying the applicable HDHP deductible. The guidance in Notice 2019-45 is effective July 17, 2019.

Background

Generally, an HDHP may not provide benefits for a participant for any year until the applicable minimum annual deductible for that year is satisfied. However, an HDHP may provide preventive care benefits for a participant in an HDHP prior to satisfying the applicable deductible. In prior guidance, the Treasury Department and the IRS stated that preventive care generally does not include any service or benefit intended to treat an existing illness, injury, or condition.

Additional Preventive Care Recognized by IRS Notice 2019-45

In response to Executive Order 12877, the Treasury and the IRS issued Notice 2019-45 to allow an HDHP to cover low-cost preventive care before the deductible is met in order to prevent exacerbation of a chronic condition. Such medical services are limited to the specific medical care services or items listed in the chart on the next page for the specified chronic conditions. Notice 2019-45 does not expand the scope of preventive care beyond the services in the chart. Therefore, services or items that meet (or might meet) the criteria in the Notice but are not on the list are not treated as preventive care as a result of this Notice or on any other basis.

The specified services and items are treated as preventive care only when prescribed to treat an individual diagnosed with the associated chronic condition specified in the chart, and only when prescribed for the purpose of preventing the exacerbation of the chronic condition or the development of a secondary condition. If an individual is diagnosed with more than one chronic condition, all listed services and items applicable to the two or more conditions are preventive care. However, services and items not listed in the chart that are for secondary conditions or complications that occur notwithstanding the preventive care are not treated as preventive care. This guidance also does not require that these services be provided in-network without cost sharing under the Affordable Care Act or otherwise.

Any services and items that constitute preventive care under prior guidance in Notice 2004-23, Notice 2004-50, and Notice 2013-57 continue to be treated as preventive care. The IRS intends to periodically review this list approximately every five to 10 years to determine if items should be added or removed from this list.

Resources

IRS Notice 2019-45 is available [here](#).

(The chart below is also found in the IRS Notice.)

Preventive Care for Specified Conditions	For Individuals Diagnosed with
Angiotensin Converting Enzyme (ACE) inhibitors	Congestive heart failure, diabetes, and/or coronary artery disease
Anti-resorptive therapy	Osteoporosis and/or osteopenia
Beta-blockers	Congestive heart failure and/or coronary artery disease
Blood pressure monitor	Hypertension
Inhaled corticosteroids	Asthma
Insulin and other glucose lowering agents	Diabetes
Retinopathy screening	Diabetes
Peak flow meter	Asthma
Glucometer	Diabetes
Hemoglobin A1c testing	Diabetes
International Normalized Ratio (INR) testing	Liver disease and/or bleeding disorders
Low-density Lipoprotein (LDL) testing	Heart disease
Selective Serotonin Reuptake Inhibitors (SSRIs)	Depression
Statins	Heart disease and/or diabetes

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