

Preventive Care Benefits

Please note that the preventive care benefits illustrated below are only applicable for certain types and lines of business. The Patient Protection & Affordable Care Act of 2010 (PPACA), required some changes to Preventive Care Benefits. The Department of Health and Human Services has adopted additional requirements expanding benefits for Women's Preventive Services. Please refer to the Preventive Care section in your benefit document. If the Preventive Care definition includes the preventive health services recommended by the U.S. Preventive Services Task Force (USPSTF) (A and B rated only), the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), the Health Resources and Services Administration (HRSA), and "Bright Futures" then the below outlined preventive care benefits would be applicable.

These benefits meet the criteria outlined in the Patient Protection and Affordable Care Act (PPACA) for wellness and preventive benefits including the Women's Preventive requirements. In addition these benefits meet the definition of comprehensive adult wellness benefits in the Wyoming Health Insurance Code. Benefits OTHER than those outlined below will not be covered as a preventive or wellness benefit.

Services must be done by a Participating Provider (Wyoming Choice Provider for Wyoming Choice Network products) or Health Fair. Non-participating / non-network services are not covered.

The following services are covered preventive services – **Deductible and coinsurance are waived:**

- Well Child Care to the Participant's 6th Birthday:
 - Birth through 12 months – 7 visits
 - 13 months through 35 months – 4 visits
 - 36 months through 72 months – 1 visit per calendar year
 - Immunizations as recommended by the CDC
 - Congenital hypothyroidism screening under age 1
 - Hearing loss screening up to 1 month of age
 - Phenylketonuria (PKU) screening – once per lifetime ages 0 – 1 years old
 - Sickle cell disease screening – up to age 1
 - Iron deficiency anemia prevention for children at risk 6 to 12 months
 - Hematocrit or Hemoglobin through age 1
 - Lead Screening through age 6
 - Developmental and Autism Screening through age 2
 - Oral Health Screening

- Birth Through Age 21:
 - Sensory Screening Vision – 1 per calendar year
 - Sensory Screening Hearing – 1 per calendar year (in addition to screening listed above) through age 21
 - Tuberculin Test

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- Participants Age 6 and Older:
 - Routine Physical examination (office visit) – Males 1 per calendar year
Well-woman preventive care visits as medically appropriate
 - Adult aortic aneurysm screening for male participants ages 65-75– lifetime maximum of 1 screening
 - Alcohol misuse screening and behavioral counseling intervention – 1 visit per calendar year for participants 6 to 18; unlimited for participants 18 and older
 - Asymptomatic bacteriuria screening – pregnant women only
 - Hepatitis B virus infection screening – pregnant women only
 - Rh (D) incompatibility screening – pregnant women only
 - Osteoporosis screening once every 2 calendar years
 - Iron deficiency anemia screening – pregnant women only
 - Sexually transmitted disease (STD) screening:
 - Chlamydial infection screening – women only
 - Gonorrhea infection screening – women only
 - Syphilis infection screening – pregnant women and men and women at risk
 - Counseling for sexually transmitted infections
 - Screening for diabetes in pregnant women 24-28 weeks gestation
 - HPV Testing – 30 yrs of age every 3 years
 - Screening & counseling for interpersonal & domestic violence
 - Lactation support & counseling services – 2 visits per pregnancy
 - Breast Pump – 1 pump per pregnancy (manual or electric pump from a Network Home Medical Equipment provider only). Prior approval is required for hospital grade pumps.
 - Counseling and screening for HIV
 - Contraceptive methods & management (Medical) – Female sterilizations; IUD inserted or removed & inserted on the same day; Injections used to prevent conception
 - Diagnostic screening procedure for HIV testing for at risk participants and pregnant women
 - Type 2 diabetes mellitus screening
 - Immunizations as recommended by the CDC
 - Colorectal cancer screening for members age 50 through 75:
 - Fecal occult blood test – 1 per calendar year
 - Colonoscopy (including related services) – 1 every 10 years OR
 - Sigmoidoscopy (including related services) – 1 every 5 years
 - Cervical cancer screening and related office visit – 1 per calendar year
 - PSA test – 1 per calendar year for subscriber and spouse only
 - Mammogram Screenings – 1 per calendar year for subscriber and spouse only
 - Tobacco cessation counseling – 8 visits per calendar year
 - Lipid disorders screening (1) every 5 calendar years
 - Exercise or physical therapy for community-dwelling adults aged 65 years or older who are at increased risk for falls.
 - BRCA testing and genetic counseling if appropriate for women whose family history is associated with an increased risk for breast and ovarian cancer
 - Hepatitis C screening – 1 per lifetime
 - Screening for Lung Cancer – Limited to adults 55-80; 1 per calendar year

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- Prescription Drugs* - must be filled as a prescription and submitted through the prescription drug card program.
 - Aspirin – limited to 81 mg only
 - Ages 45 – 79 for males
 - Ages 55 – 79 for females
 - Folic acid (non prenatal) – limited to 0.4 – 0.8 mg only
 - Women only
 - Oral fluoride – over the counter or prescription strength
 - Children age 6 months- 6 years when sufficient fluoride is lacking in available drinking water
 - Iron supplements
 - Children ages 6 – 12 months and at risk for anemia
 - Tobacco cessation – up to a 180 day supply
 - Non-nicotine replacement therapy (pills)
 - Over the counter nicotine replacement therapy (lozenges, patch and gum)
 - Prescription nicotine replacement therapy (nasal spray and inhalers)
 - Contraceptives used to prevent conception – Tier 1 & 2 paid at 100%; Tier 3 subject to co-pay and coinsurance. Over-the-counter is not covered.
 - Oral
 - Patches
 - Vaginal Rings
 - Vitamin D supplementation for community-dwelling adults aged 65 years or older who are at increased risk for falls
 - Medications for risk reduction of primary breast cancer in women 35 years of age and older.
 - \$0 copay for Generics. No “preventive” diagnosis required
 - Brands will pay at the normal benefit level unless paperwork is provided which demonstrates:
 - Brand is being prescribed for preventive use AND
 - The specific medical need/rationale for use of brand over generic

*Brand Drugs – If the participant chooses a brand drug when a generic drug is available, the participant must pay the difference in cost between the brand and the generic drug.