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. Benefits OTHER than those outlined below will not be covered as a preventive or wellness benefit.

Services must be done by a Participating, In-Network Provider. 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:
  - Newborn Blood Screening
  - Prophylactic ocular topical medication for all newborns for the prevention of gonococcal ophthalmia neonatorum
  - 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
  - Fluoride varnish for the prevention of dental caries in children from birth up to the age of 6. Applied by primary care clinicians.
  - Newborn bilirubin 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

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Preventive Care Benefits

  - Tuberculin Test
  - Behavioral/Social/Emotional Screening

- Participants Age 6 and Older:
  - Routine Physical examination (office visit) – Males 1 per calendar year
    Well-woman preventive care visits as medically appropriate
    These office visits may include depression screening, screening for urinary incontinence, skin cancer evaluation, and education or brief counseling to prevent the initiation of tobacco use among school-aged children and adolescents
  - Adult aortic aneurysm screening for male participants ages 65-75– lifetime maximum of 1 screening
  - Alcohol / Drug 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 screening
  - 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 all ages and males 11-21
    - Gonorrhea infection screening – women all ages and males 11-21
    - 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 for Intimate Partner Violence and Caregiver Abuse of Older or Vulnerable Adults
  - Lactation support & counseling services – 5 visits per pregnancy
  - Breast Pump – 1 pump per pregnancy (manual or electric pump).
  - Counseling and screening for HIV
  - Contraceptive methods & management (Medical) – Female sterilizations; IUD inserted or removed; Injections; Implants; Cervical Cap; and Diaphragm 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 45 through 75:
    - Fecal occult blood test – 1 per calendar year
    - FIT (Fecal Immunochemical Test) – 1 per calendar year
    - FIT-DNA – 1 every 3 years
    - Colonoscopy (including related services) – 1 every 10 years, Additionally, allow for a follow-up colonoscopy performed within one year after a non-invasive stool-based screening test or direct visualization test OR
    - Sigmoidoscopy (including related services) – 1 every 5 years
    - CT Colonography – 1 every 5 years

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Preventive Care Benefits

- Cervical cancer screening and related office visit – 1 per calendar year
  - Additionally, allow for testing required to complete the screening process, such as colposcopy and related services when completed within one year of a cervical cancer screening or HPV test
- PSA test – 1 per calendar year for subscriber and spouse only
- Mammogram Screenings – 1 per calendar year
  - If additional imaging and pathology evaluations are required to complete the screening process, such as magnetic resonance imaging (MRI), these services are also covered when completed within 60 days of a routine mammogram screening
- 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, ovarian, tubal or peritoneal cancer
- Hepatitis C screening
- Screening for Lung Cancer – Limited to adults 50-80; 1 per calendar year
- Behavioral counseling interventions for the following reasons – limit 26 visits per year from age 6 years-18 years and 12 visits per year for 19 years & older.
  - To promote a healthful diet and physical activity for cardiovascular disease and diabetes prevention in adults with related risk factors. Includes diagnosis of BMI's 30-70+ and group sessions for preventive medicine counseling.
  - For healthy weight gain during pregnancy.
  - For Midlife Women ages 40 to 60 with normal or overweight body mass index (BMI) (18.5-29.9) to maintain weight or limit weight gain to prevent obesity.
- Cover Ambulatory Blood Pressure Monitoring (ABPM) for diagnostic confirmation of high blood pressure in adults.
- Screening for Latent Tuberculosis infection.
- Interventions to prevent Perinatal Depression- 12 visits per calendar year for women who are pregnant or within 12 months of delivery
- HIV Preexposure Prophylaxis

- Prescription Drugs* - must be filled as a prescription and submitted through the prescription drug card program.
  - Aspirin – limited to 81 mg only
    - Adults 45 - 79
    - For the prevention of morbidity and mortality from preeclampsia – pregnant women
  - 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- 16 years when sufficient fluoride is lacking in available drinking water
  - Iron supplements
    - Children ages 6 – 12 months and at risk for anemia

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Preventive Care Benefits

- 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.
  - Oral
  - Patches
  - Vaginal Rings
  - Sponge
  - Condoms
  - Spermicide
  - Emergency Contraception
  - All other FDA-approved contraceptive methods, including over-the-counter methods for which the method is both FDA-approved and prescribed by the health care provider, are covered under the Prescription Drug Benefits section of the Plan
- 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
- Bowel Prep Medications Required for the Preparation of a Preventive Colonoscopy – $0 copay for generics, brands pay at the normal benefit level.
- Statin use for the prevention of Cardiovascular Disease
  - Adults 40-75
  - Includes Lovastatin, Pravastatin and Rosuvastatin
- Preexposure Prophylaxis for the Prevention of HIV

*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.

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