Navigating your Preventive Health Benefits

Glossary of terms:
PPACA- Patient Protection and Affordable Care Act
USPTF- United States Preventive Task Force
ACIP- Advisory Committee on Immunization Practices
HRSA- Health Resources and Services Administration

What is preventive care?

Preventive care helps detect or prevent serious diseases and medical problems before they can become serious health issues or long-term conditions. Annual check-ups, immunizations, and flu shots, as well as certain tests and screenings, are a few examples of preventive care. It may be covered without cost-sharing when you visit a doctor that is in your health plan's network.

What are the benefits of preventive care?

Preventive care is intended to help you stay as healthy as possible. Having these visits allow your doctor to evaluate your health and make sure you get the right screenings for your age, gender, and family history. Benefits of preventive care include:

- Covered preventive care is provided at no cost to you as part of your health coverage.
- Early detection of medical problems, illnesses, and diseases helps your doctor provide proactive care and treatment.
- Routine care can help you stay focused on your wellness goals and allow you to live a healthier life.

What is covered?

Specific medical services are covered under your preventive care benefits. The federal Patient Protection and Affordable Care Act (PPACA) mandates non-grandfathered plans cover certain "recommended preventive services" with zero cost to the member when done by **in-network providers**. This includes:

- Services/items United States Preventive Task Force (USPTF) rates "A" or "B" in their current recommendations.
- Vaccinations for children, adolescents, and adults that have a current recommendation from the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention.
    - Link to children vaccines: Birth-18 Years Immunization Schedule – Healthcare Providers | CDC
    - Link to adult vaccines: Adult Immunization Schedule by Age | CDC
- Screenings and Preventive Care for infants, children, adolescents, and women that are supported by the comprehensive guidelines set forth by the Health Resources and Services Administration (HRSA).

What is cost sharing and how does it apply to me?

Cost sharing is the patient's portion of costs for healthcare services covered by your health plan that you pay out of your own pocket. This term generally includes deductibles, copayments, coinsurance, or similar charges, but it doesn't include premiums, balance-billing amounts for non-network providers, or the cost of non-covered services.

- Non-Grandfathered plans provide preventive care services at no cost to the member. This coverage is at 100% of the allowed amounts without deductibles, copays, or coinsurance when services are provided by **in-network providers**.

- Under PPACA, generally, services provided by an out-of-network provider are not required to be covered as preventive health benefits and can include cost sharing such as deductibles, copays, coinsurance. Check individual insurance plans for details on out-of-network coverage.
- Confirm your plan's preventive health coverage by calling Member Services.

What's the difference between preventive care & diagnostic care?

Preventive Services
Preventive screening is indicated when your provider bills a service with a preventive service code. Services are defined as **preventive** when performed:

- For a person who has never had the screening performed and the screening is not due to symptoms of a disease or for abnormal results from another study; or
- For someone who has had screening or diagnostic testing done previously with normal results and is eligible for routine screening according to recommended time frames under USPTF guidance.

Some services can be performed for either screening or diagnostic reasons. When services are being performed for a diagnostic reason, they are no longer considered preventive and will be handled under the medical benefit.

Diagnostic Services
Diagnostic screening is indicated when your provider bills a service with a diagnostic service code. Services are defined as **diagnostic** when performed:

- For a person with abnormalities that were found in a previous preventive or diagnostic study that require additional studies; or
- For a person with abnormalities that were found in a previous preventive or diagnostic study where a repeat of the same study is recommended in a shorter time frame than the preventive guidelines allow; or
- For a person who had symptoms requiring the test to be performed for diagnostic reasons; or
- For a person that is not included in the USPTF recommendation guidelines (for example, a person that is outside of age bracket of the recommendation).

Preventive Health Benefit Coverage of Breastfeeding Equipment

Personal-use electric breast pumps:

- Purchase of electric breast pump.
    - Limited to one pump per birth. When a birth of multiple babies occurs, only one pump is covered.
    - Breast pump purchase includes all needed supplies for the pump to work appropriately.
- Replacement supplies as necessary to keep the pump working.
- See list of breastfeeding equipment/supply exclusions below.

Limitations and Exclusions of Preventive Coverage:

- Services not covered as preventive health may be covered under the medical benefit plan. Confirm your plan's preventive health coverage by calling Member Services.
- The coverage outlined in this document does not address certain outpatient prescription medications and tobacco cessation drugs and OTC products as mandated by the PPACA. These preventive benefits are covered by the pharmacy plan. For details, see the member-specific pharmacy plan administrator. (Pharmacy benefit manager contact information is found on the member ID card.)

- A vaccine is not covered if it does not meet ACIP recommendations and is not listed on the ACIP vaccine schedule.
- Breastfeeding equipment and supplies not listed above. Including, but not limited to:
    - Manual breast pumps and related equipment
    - Hospital-grade breast pumps and related equipment
    - Equipment and supplies other than those listed in the Breastfeeding Equipment Coverage section above. Exclusions include, but are not limited to:
        - Batteries, battery-powered adaptors, and battery packs.
        - Electrical power adapters for travel.
        - Bottles, bottle caps, nipples, and lids not specific to personal-use breast pump operation.
        - Travel bags and other similar travel/carrying accessories.
        - Breast pump cleaning supplies, including soap, sprays, wipes, steam cleaning bags, and other similar products.
        - Scales to weigh babies.
        - Clothing or other products that allow hands-free pump use.
        - Breast milk storage bags, icepacks, labels, labeling lids, and other similar products.
        - Nursing bras, bra pads, breast shells, nipple shields, and other similar products.
        - Creams, ointments, and other products that relieve breastfeeding symptoms and conditions of the breasts or nipples.
- Refer to you Summary Plan Document for any additional exclusions that may apply to your plan.

Other Frequently Asked Questions:

- During a routine screening mammogram an abnormality was found. A follow-up mammogram came back as normal. Will future mammograms be covered as a preventive health benefit?
    - *Yes.* If screening mammograms are within appropriate timeframes. Diagnostic mammograms would fall under the medical coverage benefit.

- During a screening colonoscopy, a polyp was found. Would future colonoscopies be covered as a preventive benefit?
    - *It depends.* If a polyp is found, typically, the time interval for a repeat screening exam is less than the allowable time interval for coverage under the preventive health benefit (10 years). The screenings that occur less than 10 years from the last preventive health covered screening, will be covered under the medical benefit. If your next screening colonoscopy is not performed for at least 10 years, coverage would fall into your standard medical benefit.
    - Medicare covers screening colonoscopies once every 24 months if you're at high risk for colorectal cancer. If you aren't at high risk, Medicare covers the test once every 120 months, or 48 months after a previous flexible sigmoidoscopy.

- Will future lipid panels be covered as preventive health if I have had high cholesterol on a previous lipid screening?
    - *No.* If you have previously been diagnosed with high cholesterol, this would fall into your medical benefit and is no longer considered a screening for the condition.

- When I am having my routine colonoscopy screening done, are related services such as the pre-op exam, facility, anesthesia, pathologist, and physician fees also covered as preventive health?
    - *Yes.* All services related to the screening exam are covered, however any follow up exams or testing would not fall under the preventive health benefit.

- Does the preventive care benefit cover related services for women's outpatient sterilization or other contraceptive procedures?
    - *Yes.* Confirm your plan's preventive health coverage by calling Member Services.

- Does preventive care cover blood draws?
    - *Yes.* If related to preventive health lab screenings.

- Is a prior authorization required for any preventive health care?
    - *It depends.* Some services will require prior authorization: (high risk such as bone mineral density)

- Would a newly combined vaccine be covered under preventive care?
    - *It depends.* Vaccines are covered once they become a recommendation under the Advisory Committee on Immunization Practices (ACIP) of the Centers for Diseases Control and Prevention. If the exam is still pending, it may or may not be covered under the medical coverage.
- I am planning to travel out of country. Would the recommended travel vaccines be covered as a preventive health benefit?
    - *No.* Generally, exams, screenings, tests, or vaccines are not covered when required only for the purposes of career/employment, school/education, sports, camp, travel, insurance, marriage, or adoption. Specific exclusions are listed in your Summary Plan Description.

- Are prescription/over-the-counter items covered as preventive health benefit?
    - *It depends*. Some over the counter medications are covered under the preventive health benefit (examples: folic acid, contraceptives, bowel prep). Refer to your pharmacy benefit plan administrator (contact information is on ID card).

- For a member 45-75 years old who has had a positive stool colorectal cancer screening test (such as Cologuard or another stool test), would a follow up colonoscopy be covered as preventive health care?
    - *Yes.* A screening colonoscopy would be covered after a positive fecal colorectal cancer screening provided the colonoscopy meets the USPTF recommendation guidelines (every 10 years) and the provider codes the screening appropriately.

- How do I find a doctor for my preventive care exam?
    - If you're a member, you can use the "Find a Provider" search tool on your member portal or call the Member Services phone number located on your member ID card to find a doctor and make an appointment for your preventive care visit.

📡 Have additional questions?

We are happy to help! Please call the Member Services phone number located on your member ID card to discuss any additional questions you may have regarding the preventive care benefits available to you. We want to help you achieve your wellness goals and live a healthier life. We look forward to serving you.

Your Preventive Health Benefits

These benefits are fully compliant with the Affordable Care Act (PPACA).

Wellness/Preventive Health Exams

- **Men:** One per year
- **Women:** One per year with family physician, one per year with OB/GYN, if needed

Vaccinations

- **Link to children ages birth to 6 years old vaccines*:** https://www.cdc.gov/vaccines/imz-schedules/child-easyread.html
- **Link to children ages 7 to 18 years old vaccines*:** https://www.cdc.gov/vaccines/imz-schedules/adolescent-easyread.html
- **Link to adult vaccines*:** https://www.cdc.gov/vaccines/imz-schedules/adult-easyread.html

*Covid vaccination includes initial series or annual vaccination.

Services for Children

Newborn Screening	As required by state law	Hematocrit or Hemoglobin Screening	All ages
Iron Screening and Supplementation	All ages	Lead Screening	For children at risk of exposure
Visual Acuity Screening	Through age 21	Latent Tuberculosis Infection Screening	Children determined at risk
Oral Dental Screening	During PHB visit	Dyslipidemia Screening	All ages
Fluoride Supplement	Beginning age 6 months	Depression Screening	Beginning age 12
Anxiety Screening	Beginning age 8	PCP Fluoride Application to Primary Teeth	Children through age 5
Hearing Screening	Through age 21		

Children's preventive health visits to include screenings & counseling for: Medical History, BMI & Obesity, Education & Counseling for Prevention of Tobacco Use, Behavioral Assessment, and Skin Cancer Prevention.

Services for Pregnant Women

HIV Screening	1 per pregnancy
Bacteriuria, Hepatitis B, Rh Incompatibility	Lab test
Gestational Diabetes Screening (any time after 24 weeks)	Lab test
Syphilis, Chlamydia, & Gonorrhea Screening	Lab test
Group B Strep Screening	1 per pregnancy
Healthy Weight & Weight Gain During Pregnancy	Screening & counseling
Breast Feeding Interventions or Referrals	Counseling, support & supplies
Preeclampsia Screening	Blood pressure monitoring throughout pregnancy
Folic Acid Supplement	Women capable of becoming pregnant
Referral to Counseling	For pregnant & postpartum at risk for perinatal depression
RSV Vaccination, Tdap Vaccination	1 per pregnancy
Aspirin	At risk

Services for All Women

Contraceptive Methods	Covered unless religious exemption applies
Age 21+, HPV DNA testing and/or Cervical Cytology	Every 3 years
Breast Cancer Chemoprevention	At risk
BRCA Risk Assessment and Appropriate Genetic Counseling/Testing	
Navigation Services for Breast and Cervical Cancer Screening and Follow-up	
Screening for Urinary Incontinence	

Adult Procedures and Services	
Bone Mineral Density Screening	Every 2 years age 65 or older **OR** every 2 years less than 65 with risk factors *
Mammogram – including 3D	Baseline – women, once between ages 35-39 ** Yearly for women over 40
Colorectal Cancer Screening – beginning age 45 sDNA- FIT (Cologuard) – every 1-3 years	CT Colonography every 5 years Flexible Sigmoidoscopy every 5 years **OR** every 10 years + FIT every year Colonoscopy Screening every 10 years
Abdominal Aortic Aneurysm Screening	For men who have smoked – one time between ages 65-75
Low Dose Aspirin	At risk initiate treatment ages 50-59
Lung Cancer Screening	At risk – ages 50-80
Statin Preventive Medication	At risk – ages 40-75

Adult Labs	
Lipid Panel	Yearly
Total Serum Cholesterol	Yearly
Comprehensive Metabolic Panel **	Yearly
PSA **	Yearly – men over 50
Highly Sensitive Fecal Occult Blood Testing Or FIT	Yearly – after age 45
sDNA-FIT (Cologuard)	Every 1-3 years after age 45
FBG (Fasting Blood Glucose) / OGTT (Oral Glucose Tolerance Test)	Yearly
Hgb A1C	2 per year
HIV Testing	Yearly age 15 to 65 – age range may deviate based on risk
Syphilis Screening	At risk
Chlamydia Infection Screening	Yearly – all ages
Gonorrhea Screening	Yearly – all ages
Hepatitis B & Hepatitis C Screenings	Yearly
Urinalysis **	Yearly
Latent Tuberculosis Infection Screening	At risk

***** Letter of Medical Necessity required
****** Added by SIHO QIC committee, in addition to ACA requirements

All adolescent and adult preventive health visits to include screenings and counseling for:	
Healthy diet and physical exercise – includes referral to behavioral health	Intimate partner violence for men and women
Obesity – includes intensive behavioral interventions for BMI > 30	Blood pressure
Skin cancer prevention	Sexually transmitted infections
HIV infection pre-exposure prophylaxis including injectables	Depression / Anxiety
Tobacco and/or nicotine use and FDA approved medication (as indicated)	Developmental / Behavioral assessment / Autism
Unhealthy drug use – medical and nonmedical	Risk for Falls (includes referral to exercise interventions for those at high risk for falls)
Unhealthy alcohol use	

The **Preventive Health Benefit Guidelines** are developed and periodically reviewed by our Quality Improvement Committee, a group of local physicians and health care providers. The QIC reviews recommendations and guidance from the U.S. Preventive Services Task Force, the Advisory Committee on Immunization Practices (ACIP) of the Center for Disease Control (CDC), and the Health Resources and Services Administration (HRSA). The QIC providers may also offer guidance based on relevant guidance from American Academy of Family Practice Standards, American College of OB/GYN Standards, American Cancer Society Recommendations, and American Academy of Pediatric Standards.

These recommendations were combined with input from local physicians, and the standard Preventive Health Benefit was developed. These standards and recommendations are reviewed biannually, and the benefits are updated in accordance with the Affordable Care Act (ACA) requirements.

Please note that your physician may recommend additional tests or screenings that are not included in this benefit. You may be financially responsible for routine screenings not listed in this brochure.

A screening procedure performed when there is a family history or personal history of a condition (and which does not fall within the listed age or frequency criteria of the Preventive Health Benefit) will be covered under the major medical benefit.

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