Preventive/Wellness Benefits – July 2019

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.

When services are provided by Participating providers, benefits will be provided at 100% of the Allowable Charges for Covered Services without regard to any Deductible or Coinsurance that might otherwise apply.

When services are provided by Non-participating providers, benefits for Covered Services will be provided subject to the Deductible and Coinsurance provisions of the plan.

The following services are covered preventive services:

- 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
  - Fluoride varnish applied by primary care clinicians
  - Newborn blood screening
  - Visual impairment under age 5 – 1 visit per calendar year
  - Prophylactic ocular topical medication for all newborns
  - 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
  - Tuberculin Test
- 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 and skin cancer evaluation
  - Adult abdominal 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 for persons at high risk for infection
  - Rh (D) incompatibility screening – pregnant women only
  - Osteoporosis screening once every 2 calendar years – females age 65 and older unless at risk, then 60 and older
  - Iron deficiency anemia screening – pregnant women only
  - Sexually transmitted disease (STD) screening:
    - Chlamydia and Gonorrhea Screening
      - Women all ages
      - Males 16-18 years old
    - Syphilis infection screening – pregnant women, men and women at risk
  - Behavioral Counseling for sexually transmitted infections
  - Screening for diabetes in pregnant women 24-28 weeks gestation
  - HPV Testing – 30 years of age every 3 years
  - Screening and Counseling for interpersonal and domestic violence
  - Lactation support and 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; insertion of an IUD or implant, the removal and re-insertion of an IUD or implant if performed on the same day, or the medically indicated removal of an IUD or implant. The removal of an IUD or implant primarily for the purpose of attempted contraception is not covered. Injections used to prevent conception, cervical caps and diaphragms.
  - Diagnostic screening procedure for HIV testing for at risk participants and pregnant women
  - Type 2 diabetes mellitus screening
  - Immunizations as recommended by the CDC

- Participants Age 6 and Older (continued):

- Colorectal cancer screening for members age 50 through 75:
  - Fecal occult blood test – 1 per calendar year
  - Colonoscopy (includes polyp removal & pathology and consultation/office visit prior to the procedure) – 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 screening – 1 per calendar year for subscriber and spouse only
- Tobacco cessation counseling – 8 visits per calendar year
- Lipid disorders screening or Chemistry Panel once every 5 calendar years
- Exercise and 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
- Screening for Hepatitis C virus – 1 per lifetime
- Screening for Lung Cancer – limited to adults age 55 through 80, 1 per calendar year
- Behavioral Counseling to promote a healthful diet and physical activity for CVD and diabetes prevention in adults – limited to 26 visits per year to age 18, and 12 visits per year thereafter
- Screening for High Blood Pressure in Adults – Cover Ambulatory Blood Pressure Monitoring (ABPM) for diagnostic confirmation before starting treatment
- Screening for latent tuberculosis infection in adults – 18 and older
- Primary care interventions to support breast feeding
- Obesity screening in children and adolescents. Child and adolescents ages 6-18 who have obesity are able to receive 26 hours of intensive behavioral interventions

- 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
  - 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)

- Prescription Drugs* (continued) - must be filled as a prescription and submitted through the prescription drug card program

    - Contraceptives used to prevent conception – Tier 1 & 2 paid at 100%; Tier 3 subject to co-pay and coinsurance
        - Oral
        - Patches
        - Vaginal Rings
        - Sponge
        - Female Condoms
        - Spermicide
        - Emergency Contraception

    - 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
    - Bowel Prep Medications Required for the Preparation of a Preventive Colonoscopy – Cover generic Bowel Prep medications at 100%, brand will continue to take cost-share
    - Statin use for the primary prevention of cardiovascular disease in adults 40-75 (coverage limited to lovastatin and pravastatin)

*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.