

Preventive Service Benefits

This Plan provides coverage for certain Preventive Services as required by the Patient Protection and Affordable Care Act of 2010. Cover is provided on an **in-network basis only**, with no cost sharing (for example, no deductible, coinsurance, or copays), for the following services:

- Services described in the United States Preventive Services Task Force (USPSTF) A and B recommendations,
- Services described in guidelines issued by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC), and
- Health Resources and Services Administration (HRSA) guidelines including the American Academy of Pediatrics Bright Futures guidelines and HRSA guidelines relating to services for women

In-network Preventive Services that are identified by the Plan as part of the ACA guidelines will be covered with no cost sharing by the member or dependent. This means that the service will be covered at 100% of the Plan's allowable charge, with no coinsurance, copay or deductible.

If preventive services are received from an out-of-network provider, they will not be eligible for coverage under this Preventive Services Benefit unless there is no provider in the Plan's network who can provide the particular service.

In some cases, federal guidelines are unclear about which preventive benefits must be covered under the ACA. In that case, the Welfare Fund Board of Trustees will determine whether a particular benefit is covered under this Preventive Services Benefit.

Lab Test

Non ACA mandated preventive lab test will be considered under the Medical benefits.

Abdominal Aortic Aneurysm Screening (June 2014)

One time screening for abdominal aortic aneurysm by ultrasonography for men ages 65 to 75 years who have ever smoke.

Anemia, Iron Deficiency Anemia Screening (May 2006)

Routine screening for iron deficiency anemia in asymptomatic pregnant women.

Bacteriuria Screening (July 2008)

Screening for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks gestation or at the first prenatal visit, if later

Chlamydia Infection Screening (Sept. 2014)

Screening recommended for chlamydia in sexually active women age 24 years and younger and in older who are at increased risk for infection.

Note: This recommendation applies to all sexually active adolescents and adult women, including pregnant women.

Gonorrhea Screening (Sept. 2014)

Screening recommended for gonorrhea in sexually active women age 24 years and younger and in older women who are at increased risk for infection.

Hepatitis B Virus Infection Screening (June, 2009)

Pregnant Women:

Screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit.

Persons at High Risk (May 2014):

Screening for hepatitis B virus (HBV) infection in **persons at high risk** for infection.

Hepatitis C Virus Infection Screening (June, 2013)

Persons at High Risk (June 2013):

Screening for hepatitis C virus (HCV) infection in **persons at high risk** for infection.

Adults born between 1945 and 1965

One time screening for HCV is recommend.

High Blood Pressure Screening in Adults (October, 2015)

Recommends screening for highblood pressure in adults aged 18 years or older. Also recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment.

HIV Screening for Adolescents and Adults (April, 2013)

Check the Expanded Women's Health table also.

Screening for HIV is recommended for adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened.

Pregnant women should be screened, even those who present in labor who are untested and whose HIV status is unknown.

Rh Incompatibility Screening (Feb 2004)

Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy related care.

Repeated Rh (D) antibody testing for all unsensitized Rh (D) – negative women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D) negative.

Syphilis Screening (July 2004)

Screens persons at increased risk for syphilis infection.

Screen all pregnant women for syphilis infection.

TB Screening (September 2016)

Screens for latent tuberculosis infection in populations at increased risk.

Genetic Counseling and Evaluation for BRCA Testing and BRCA Lab Screening (Dec, 2013)

BRCA counseling about genetic testing for women at higher risk. Women whose family history is associated with an increased risk for deleterious mutations in BRCA 1 or BRCA 2 genes will receive referral for counseling. The plan will cover BRCA 1 or 2 genetic tests without cost sharing, if appropriate as determined by the woman's health care provider, including for a woman who has previously been diagnosed with cancer, as long as she is not currently symptomatic or receiving active treatment for breast, ovarian, tubal or peritoneal cancer.

BCRA Lab Screening

Prior authorization is required on this procedure

Diabetes Screening (June 2002)

Recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40-70 who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.

Mellitus Screening (January 2014)

Recommends screening for gestational diabetes mellitus in asymptomatic pregnant women after 24 weeks of gestation.

Rubella Screening by History of Vaccination or Serology (1996)

Screening for rubella susceptibility by history of vaccination or by serology is recommended for all women of childbearing age at their first clinical encounter.

Screening Mammography (2002)

Screening mammograms with or without clinical breast examination, every 1-2 years for women aged 40 and older.

3-D Mammography – Effective 9/1/2016, 3-D Mammograms are covered under the Preventive benefit for Active Members and the routine benefit for Retired Members or spouses of the Retiree Welfare Plan.

Prior to 9/1/2016, this benefit does **not** apply to other screening methods, including but not limited to, digital breast tomosynthesis (3-D mammography).

Cervical Cancer Screening Pap Smear (March 2012)

Pap Smears will be reimbursed on all plans on a yearly basis.

Bright Futures (March 2014)

Adolescents should no longer be routinely screened for cervical dysplasia until age 21.

Cholesterol Screening (Lipid Disorders Screening)

Colorectal Cancer Screening (October, 2008)

Screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy or colonoscopy, beginning at age 50 years and continuing until age 75 years. The plan will not impose cost sharing with respect to a polyp removal during a colonoscopy performed as a screening procedure. The plan will not impose cost sharing with respect to the following services when these services are provided in connection with a screening colonoscopy and the attending provider determines the service is medically appropriate: bowel prep medications prescribed by provider, anesthesia services, a pre-procedure specialist consultation, or a pathology exam on a polyp biopsy.

- Annual high sensitivity fecal occult blood testing (FOBT),
- Sigmoidoscopy every 5 years combined with high sensitivity fecal occult blood testing every 3 years, and
- Screening colonoscopy at intervals of 10 years

Wellness Examination

Well Baby, Well Child, Well Adult

These items are included in the HHS requirements for Women

- Breastfeeding support and counseling
- Contraceptive methods counseling
- Domestic violence screening
- Sexually Transmitted Infection counseling
- Well woman visits

- Blood Pressure Screening
- Fall Prevention for Seniors
- Skin Cancer counseling (children up to age 24)

See Expanded Women's Prevention table

School and sport physicals are not payable under the Wellness benefit.

Immunizations

- Meningococcal
- Hepatitis A
- Haemophilus influenza b (Hib)
- Human Papilloma Virus (HPV)
- Seasonal Infuenza
- Pnuemococcal Polysaccharide (PPSV23)
- Pneumococcal conjugate
- Rotavirus
- Diptheria, tetanus, toxoids, acellular pertussis and polio inactive (Dtap-IPV)
- Diptheria, tetanus, toxoids, acellular pertussis, haemophilus influenza B, and polio inactive (Dtap-IPV/Hib)
- Diptheria, tetanus, toxoids, acellular pertussis (Dtap)
- Diptheria and Tetanus(DT)
- Measles, Mumps and Rubella (MMR)
- Polio (IPV)
- Tetanus and Diphteria (Td)
- Tetanus, Diphteria toxoid and Acellular Pertussis (Tdap)
- Varicella (VAR) (chicken pox)
- Diptheria, tetanus, and acellular pertussis, hep B, and polio inactive (Dtap-HepB/IPV)
- Zoster/Shingle (HZV)
- Hepatitis B

Travel Immunizations

Immunizations specific to travel (e.g. typhoid, yellow fever, cholera, plague) are not required by the Affordable Care Act and not covered under the Medical portion of the Plan. Family Supplemental Benefit can be used to reimburse this service.

Newborn Screenings

This benefit applies to all newborns from age 0-90days.

Hearing Screening
Hypothyroidism Screening
Phenylketonuria Screening (PKU)
Sickle Cell Screening

Metabolic Screening Panel (Newborns)

This benefit applies to all newborn from age 0-90 days.

Osteoporosis Screening (January 2011)

Osteoporosis Screening is recommended for women age 65 and older, and in younger women whose fracture risk is equal to or greater than that of a 65 year old white women who has no additional risk factors.

Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse (May 2013)

Clinician screening for adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.

Chemoprevention of Breast Cancer (July 2002)

Counseling on chemoprevention with women at high risk for breast cancer and low risk for adverse effects of chemoprevention. Clinicians should inform patients of the potential benefits and harms of chemoprevention.

Screening for Depression in Adults (December, 2009)

Screening recommends for adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.

Screening for Depression in Children and Adolescents (March, 2009)

Screening recommends for adolescents (age 12-18 years of age) for depression when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up.

Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors (August, 2014)

Recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.

Screening for Obesity in Adults (June, 2012)

Screening for obesity is recommended for all adults. Clinicians should offer or refer patients with a body mass of 30 kg/m² or higher to intensive, multicomponent behavioral interventions. *Note: The USPSTF recommends as an example: group and individual sessions of high intensity (12 to 26 sessions in a year); behavioral management activities, such as weight-loss goals; improving diet or nutrition and increasing physical exercise; addressing barriers to change; self-monitoring; and strategizing how to maintain lifestyle changes.*

Screening for Obesity in Children and Adolescents (January 2010)

Screening is recommended for children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight.

Behavioral Counseling to Prevent Sexually Transmitted Infections (September, 2014)

Screening for intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs).

Tobacco Smoking Cessation in Adults, including Pregnant Women: Behavioral and Pharmacotherapy Interventions (September 2015)

Adults and pregnant women will be questioned about tobacco use. They will be advised to stop smoking, provided behavioral intervention and pharmaceutical assistance.

INFORMATIONAL - Pharmaceutical assistance is for 168 days, if they choose to continue with prescription reimbursement could be under Family Supplemental Benefit. Safe Harbor announced for those who use tobacco products, at least two tobacco cessation attempts per year would be covered. A cessation attempt includes coverage for: four tobacco cessation counseling session of at least ten minutes each without prior authorization and all FDA approved tobacco cessation medications (prescription and over the counter) for a 90-day treatment regimen when prescribed by a healthcare provider without prior authorization.

Primary Care Interventions to Prevent Tobacco Use in Children and Adolescents (August 2013)

ACA recommends the primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school aged children and adolescents.

Screening for Visual Impairment in Children (January 2011)

Vision screening is recommended for all children at least once between the ages of 3 and 5 years, to detect the presence of amblyopia or its risk factors.

Screening for Lung Cancer with Low-Dose Computed Tomography (December 2013)

Annual screening for lung cancer with low-dose computed tomography in adult's ages 55 to 80 years who have a 30 pack a year smoking history and currently smoke or have quit within the past 15 years. Screening once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.

Limited to one per year plus the following criteria

- Age 55 through 80 years, **and**
At least a 30 pack years of smoking history, **and**
Either a current smoker, or have quit in the past 15 years.

Fluoride Application in Primary Care (May 2014)

This is consider a preventive service under Medical.

Applies to children from birth to age 5 years old.

Primary care clinicians may apply fluoride varnish to primary teeth of all infants and children starting at the age of primary tooth eruption