



FMCP
Family Medical Care Plan



Preventive Care Coverage

Effective January 1, 2021

PREVENTIVE CARE COVERAGE

The Plan covers a wide range of preventive and wellness services designed to keep participants and dependents healthy. The types of expenses covered are listed in the tables below. The Plan covers these services and supplies for eligible individuals at 100% of the **allowable charge** with no deductible or co-pay when the services are rendered by a PPO or Non-PPO provider. This list is subject to reasonable medical management techniques and may be revised in accordance with applicable law and regulatory guidance.

Covered Adult Preventative Services

Effective January 1, 2021

Professional Services & Supplies	Frequency	Plan Coverage
Ultrasound screening for abdominal aortic aneurysm (men ages 65 to 75 who smoke(d))	One per lifetime	100%
Counseling for unhealthy alcohol uses	One per lifetime	100%
Low-dose aspirin for the prevention of cardiovascular disease (CVD) and colorectal cancer (CRC) in adults ages 50 to 59 years who have a 10% or greater risk of CVD in the next 10 years, as prescribed by a physician (generic aspirin only)	N/A	100%
Screening for high blood pressure (adults age 18+)	One per calendar year	100%
Screening for cholesterol abnormalities (men age 35+ or age 20+ if increased risk; women age 45+ or age 20+ if increased risk)	One per calendar year	100%
Screening for colorectal cancer in accordance with the American Cancer Society's guidelines (currently recommend persons at average risk consult with their primary care provider to discuss colorectal screening with stool-based testing beginning at age 45, and from age 75 through 85, the primary care provider should advise on whether continued screening is beneficial (adults ages 45 to 85 years old) Please Note: The Plan will only cover generic bowel preps and bowel prep brands with no generic equivalent, subject to reasonable medical management techniques.	Tests and procedures within the age and frequency guidelines established by the American Cancer Society	100%
Screening for depression (adults)	One per lifetime	100%
Screening for diabetes, including an annual screening for pre-diabetes and T2DM with informal risk assessment in accordance with the American Diabetes Association's guidelines (adults ages 40 to 70 years old who are overweight or obese)	N/A	100%
Counseling for diet & physical activity (adults who are overweight or obese and at risk for CVD)	One per lifetime	100%

Professional Services & Supplies	Frequency	Plan Coverage
Screening and counseling for individuals whose BMI is 25 or greater, including pharmacotherapy for those individuals whose BMI is 27 or greater with comorbidities present or individuals whose BMI is 30 or greater. Please Note: Exercise and diet programs that are not supervised by a physician provider who is a medical practitioner in accordance with Plan provisions are excluded. This benefit is subject to reasonable medical management techniques.	26 face-to-face 15-minute behavioral counseling sessions per calendar year with a PPO provider and one (1) dietary assessment by a licensed nutritionist.	
Counseling for sexually transmitted infections (adults at increased risk)	One per lifetime	100%
Hepatitis C virus infection screening for persons at increased risk of infection and those born between 1945 and 1965	One per lifetime	100%
HIV screening for persons ages 15 to 65 years old and those at increased risk of infection	One per lifetime	100%
Syphilis screening for persons at increased risk	One per lifetime	100%
Tobacco use screening	One per lifetime	100%
Coverage for tobacco “cessation attempt” for those who use tobacco products	Two per calendar year	100%
Lung cancer screening with low-dose CT for adults ages 55 to 80 years old with a history of smoking within the last 15 years	One per calendar year	100%
Tuberculosis test for adults in at-risk populations	One per calendar year	100%
Statin prevention medication (generic only; subject to the Plan’s Step Therapy Program) for adults ages 40 to 75 years with no history of CVD, one or more CVD risk factors, and a calculated 10-year CVD event risk of >10%	N/A	100%
Screening and counseling for interpersonal and domestic violence or elder abuse	One per calendar year	100%
Counseling about the exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years old; Skin cancer risk assessment by a dermatologist for persons with family history of melanoma in two or more blood relatives, presence of multiple atypical moles	Once per calendar year	100%
Counseling related to fall prevention for community dwelling individuals (ages 65 years or older who are at increased risk for falls)	Once per lifetime	100%

Covered Women’s Preventive Services

(All women of reproductive capacity)

Effective January 1, 2021

Professional Services & Supplies	Frequency	In-Network	Out-of-Network
Annual well-woman visits	One per calendar year	100%	Excluded

Professional Services & Supplies	Frequency	In-Network	Out-of-Network
Prenatal care, meaning routine doctor visits (Delivery, prenatal lab work, ultrasounds, and high-risk pregnancy care services are covered under the regular major medical provisions of the Plan and are covered for female employees, retirees and spouses ONLY – not for dependent children.)	N/A	100%	Excluded
Screening for gestational diabetes (pregnant women after 24 weeks gestation)	One per pregnancy	100%	Excluded
Sexually transmitted disease counseling	One per calendar year	100%	Excluded
Contraception – All FDA-approved contraceptive methods and services related to follow-up and management for women (oral contraceptives, IUDs, Depo Provera, tubal ligation, sponges, spermicides, etc.) prescribed by a physician or covered facility. (Abortifacient drugs NOT covered.) Please Note: The Plan will only cover 1) generics; and 2) brands that are medically necessary and do not have generic equivalents, subject to reasonable medical management techniques.	N/A	100%	Excluded
Prenatal and postnatal breastfeeding support, supplies (including rental of breast pump), and counseling Please Note: All lactation services must be provided by a PPO provider. For a list of lactation services providers that are covered by the Plan in your area, contact the Benefit Office. Other supplies are covered as needed, subject to reasonable medical management techniques.	Up to five (5) lactation counseling sessions per pregnancy through the duration of breastfeeding; other supplies as needed, subject to reasonable medical management techniques	100%	Excluded
Screening and counseling for interpersonal and domestic violence	One per calendar year	100%	Excluded
Breast cancer mammography screenings (women ages 40 through 74 years old)	One per calendar year	100%	Excluded
Counseling and testing for BRCA gene (women with a family history of BRCA 1 or BRCA 2 risk factors)	One per lifetime	100%	Excluded
Screening for cervical cancer in accordance with the U.S. Preventive Services Task Force and the American Cancer Society	Once per calendar year	100%	Excluded
Folic acid supplements (women capable of pregnancy) (0.4 to 0.8 mg per day)	N/A	100%	Excluded
Counseling about chemoprevention of breast cancer (women at high risk)	One per lifetime	100%	Excluded
Screening and monitoring for prenatal preeclampsia, and low-dose aspirin to prevent preeclampsia in pregnant women at high risk	N/A	100%	Excluded
Screening for gonorrhea (women age < 25 or at increased risk)	One per calendar year	100%	Excluded
Screening for chlamydial infection (women age < 25 or at increased risk)	One per calendar year	100%	Excluded

Professional Services & Supplies	Frequency	In-Network	Out-of-Network
Screening for osteoporosis (women age 65 or post-menopausal women at increased risk of osteoporotic fractures)	One per lifetime	100%	Excluded
Anemia screening for pregnant women	N/A	100%	Excluded
Bacteriuria urinary tract or other infection screening for pregnant women	N/A	100%	Excluded
Hepatitis B screening for pregnant women at their first prenatal visit	One per pregnancy	100%	Excluded
Rh Incompatibility screening for pregnant women at first prenatal visit	One per pregnancy, unless follow up testing is required for women at higher risk	100%	Excluded
Syphilis screening for pregnant women	One per pregnancy	100%	Excluded
HIV screening for pregnant women	One per pregnancy	100%	Excluded
Tobacco use screening for pregnant women	One per pregnancy	100%	Excluded
Breast cancer risk-reducing medications for women who are increased risk for breast cancer and at low risk for adverse medication effects	N/A	100%	Excluded
Please Note: The Plan will only cover 1) generics; and 2) brands with no generic equivalent, subject to reasonable medical management techniques.			

Immunizations

Effective January 1, 2021

Professional Services & Supplies	Frequency	Coverage
Hepatitis B (HepB)	As recommended by the Advisory Committee on Immunization Practices (ACIP) and that have been adopted by the Director of the Centers for Disease Control and Prevention (CDC), including: <ul style="list-style-type: none"> • Recommended immunization schedule for persons age 0 through 6 years; • Recommended immunization schedule for persons age 7 through 18 years; • Catch-up immunization schedule for persons age 4 months through 18 years who start later or who are more than one month behind; and • Recommended adult immunization schedule. 	100%
Rotavirus (RV)		100%
Diphtheria, tetanus, and pertussis DTaP)		100%
Influenza type B (Hib)		100%
Pneumococcal (PCV/PPSV)		100%
Polio (IPV)		100%
Influenza (seasonal)		100%
Measles, mumps & rubella (MMR)		100%
Varicella		100%
Hepatitis A (HepA)		100%
Meningococcal (MCV)		100%
Human papillomavirus (HPV)		100%
Zoster (shingles)		100%
Other		As recommended by ACIP and the CDC or required by applicable law

Covered Children's Preventative Services

Newborn to Age 21 years

Effective January 1, 2021

Professional Services & Supplies	Frequency	In-Network	Out-of-Network
Newborn screenings for hemoglobinopathies, hearing loss, hypothyroidism, phenylketonuria (PKU), and heritable disorders (as recommended by the Uniform Panel of the Secretary's Advisory Committee on Heritable Disorders in newborns and Children that went into effect May 21, 2010)	One per lifetime	100%	Excluded
Prophylactic medication for gonorrhea	One per lifetime	100%	Excluded
Health history	As recommended by the American Academy of Pediatrics and Bright Futures	100%	Excluded
Measurements, including weight, heights, BMI, blood pressure, etc.		100%	Excluded
Sensory (vision and hearing) screening		100%	Excluded
Developmental screening		100%	Excluded
Autism screening		100%	Excluded
Behavioral screening		100%	Excluded
Alcohol/drug assessment		100%	Excluded
Physician examination		100%	Excluded
Metabolic screening		100%	Excluded
Hemoglobin screening		100%	Excluded
Lead screening		100%	Excluded
Tuberculin test		100%	Excluded
Dyslipidemia screening		100%	Excluded
STI screening		100%	Excluded
Cervical dysplasia screening		100%	Excluded
Oral health risk assessment		100%	Excluded
Anticipatory guidance	100%	Excluded	
Iron supplements (children ages 6 to 12 months at increased risk for anemia)	As prescribed by child's physician*	100%	Excluded
Tobacco use counseling to school-aged children and adolescents to prevent initiation of tobacco use	One per lifetime	100%	Excluded
Skin cancer behavioral counseling for children and young adults ages 6 months to 24 years with fair skin about minimizing exposure to ultraviolet radiation to reduce risk for skin cancer	One per lifetime	100%	Excluded
Vision screening for acuity and to detect amblyopia or its risk factors (children ages 3 to-5)	One per calendar year	100%	Excluded
Screening and counseling for obesity (children age 6+)	One per lifetime	100%	Excluded

Professional Services & Supplies	Frequency	In-Network	Out-of-Network
Oral fluoride (children 6 months+)	As prescribed through age 5*	100%	Excluded
Screening for depression (children ages 12 to 18)	One per lifetime	100%	Excluded
Counseling for sexually transmitted infections (children at increased risk)	One per lifetime	100%	Excluded
Screening for HIV (children ages 11 to-21 at increased risk)	One per lifetime	100%	Excluded

*** Itemized pharmacy bill required – cash register receipts not accepted.**