

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 below. The Plan covers these services and supplies for eligible individuals at 100% of the **allowable charge** with no deductible or co-pay when rendered by a PPO or Non-PPO provider. If these services are performed or provided by a Non-PPO provider, however, you may be subject to balance billing for amounts over the allowable charge.

This list is subject to **reasonable medical management techniques and guidelines** and may be revised in accordance with applicable law and regulatory guidance.

ADULT PREVENTIVE SERVICES

- Abdominal Aortic Aneurysm: Ultrasound Screening.
- Alcohol Use: Screening and Brief Behavioral Counseling.
- Anxiety Disorders: Screening.
- Low-dose Aspirin for Prevention of Cardiovascular Disease (CVD) and Colorectal Cancer (CRC) (generic only).
- Chlamydia, Gonorrhea, and Syphilis: Screening.
- Colorectal Cancer: Screening for Adults.
 - ***Please Note:** Frequency of coverage dependent upon reasonable medical management techniques, including the type of screening/testing utilized. The Plan will only cover generic bowel preps and bowel prep brands with no generic equivalent, subject to reasonable medical management techniques.*
- Depression and Suicide Risk: Screening.
- Diabetes, Pre-diabetes, and Type 2 Diabetes: Screening.
- Unhealthy Drug Use: Screening.
- Healthy Diet and Physical Activity for Cardiovascular Disease (CVD) Prevention.
- Hepatitis B Virus: Screening.
- Hepatitis C Virus: Screening.
- Human Immunodeficiency Virus (HIV): Screening.
- HIV - Preexposure prophylaxis (PrEP) with effective antiretroviral therapy for those at high risk of HIV infection.
- Hypertension: Screening.

- Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening.
- Lung Cancer: Screening with Low-Dose CT Screening.*
- Sexually Transmitted Infections: Behavioral Counseling.
- Skin Cancer Prevention: Behavioral Counseling.
- Statin Prevention Medication (subject to the Plan's Step Therapy Program).
- Tobacco Smoking Cessation in Adults:
 - Coverage for two (2) tobacco cessation attempts per calendar year & four (4) cessation counseling sessions per calendar year.
 - 90 days of treatment using FDA-approved medications if indicated (1 cycle per calendar year).
- Tuberculosis: Screening (at-risk populations).
- Weight loss to Prevent Obesity-Related Morbidity and Mortality in Adults with BMI of 30 or Higher, including:
 - 26 face-to-face 15-minute behavioral therapy sessions per calendar year with a PPO provider; and
 - One (1) dietary assessment by a licensed nutritionist.
 - *Please Note: Referrals for additional obesity-related services or intensive, multicomponent behavioral interventions are not covered, including exercise or diet programs.*
- Annual Preventive Health Exam ("Well Visit").

WOMEN'S PREVENTIVE SERVICES

- Bacteriuria Urinary Tract or Other infections: Screening.
- BRCA-Related Cancer: Risk Assessment, Genetic Counseling, and Genetic Testing (women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer, or an ancestry associated with BRCA 1/2 gene mutation).*
- Breast Cancer: Counseling Related to Chemoprevention Use to Reduce Risk For Women at Increased Risk over age 35.
- Breast Cancer: Mammography Screenings (Women ages 40-74 years old).
- Breastfeeding Support Prenatal and Postnatal: Supplies & Counseling.
- Cervical Cancer: Screening.

**Prior Authorization Required.*

- Contraception: All FDA-approved Contraceptive Methods, including contraceptive counseling, initiation of contraceptive use, and services related to follow-up and management for women as prescribed by a provider. Abortifacient drugs are not covered.
 - ***Please Note:** The plan will only cover 1) generics; and 2) brands that are medically necessary for the individual, subject to reasonable medical management techniques.*
- Folic Acid Supplements for Pregnancy.
- Gestational Diabetes: Screening (asymptomatic pregnant persons at 24 weeks of gestation or after).
- Healthy Weight and Weight Gain in Pregnancy: Behavioral Counseling – Interventions.
- Osteoporosis: Screening (Women over age 65 or women age 64 and younger that have gone through menopause)
- Preeclampsia: Aspirin Use to Prevent Preeclampsia and Related Morbidity and Mortality: Preventive Medication.
- Prenatal Care, meaning Routine Doctor Visits ONLY.
 - ***Please Note:** Delivery, prenatal lab work, ultrasounds, and high-risk pregnancy care services are covered under the Plan’s regular major medical benefit and are covered for employees, retirees, and spouses ONLY and are not covered for Dependent children.*
- Rh Incompatibility Screening for Pregnant Women at First Prenatal Visit, and Repeated Testing at 24-28 Weeks of Gestation as Necessary.
- Annual Women’s Preventive Health Exam (“Well Visit”).

CHILDREN PREVENTIVE SERVICES

- Anxiety Disorders: Screening.
- Depression and Suicide Risk: Screening.
- Human Immunodeficiency Virus (HIV): Screening.
- Obesity in Children and Adolescents: Screening.
- Ocular Prophylaxis for Gonococcal Ophthalmia Neonatorum: Preventive Medication (newborns).
- Dental Health (Children Younger than 5 years): Screening and Interventions, Including Oral Fluoride.

- Sexually Transmitted Infections: Behavioral Counseling.
- Skin Cancer Prevention: Behavioral Counseling.
- Tobacco Use in Children and Adolescents: Primary Care Interventions.
- Vision Screening for amblyopia in Children for children ages 3-5 years.
- Newborn screenings for Hemoglobinopathies, Hearing loss, Hypothyroidism, Phenylketonuria (PKU), and Heritable Disorders.
- Iron Supplements (Children ages 6 to 12 months).
- Annual Preventive Health Exam (“Well Visit”).

IMMUNIZATIONS

- Immunizations as recommended by the Advisory Committee on Immunization Practices (ACIP) and those that have been adopted by the Centers for Disease Control and Prevention (CDC), including but not limited to:
 - Hepatitis B (HepB)
 - Rotavirus (RV)
 - Diphtheria, Tetanus, and Pertussis DTaP)
 - Influenza Type B (Hib)
 - Pneumococcal (PCV/PPSV)
 - Polio (IPV)
 - Influenza (Seasonal)
 - Measles, Mumps & Rubella (MMR)
 - Varicella
 - Hepatitis A (HepA)
 - Meningococcal (MCV)
 - Human Papillomavirus (HPV)
 - Zoster (Shingles)