

Preventive Health Care Services Schedule Background

The Patient Protection and Affordable Care Act of 2010 (the “ACA”) requires that “non-grandfathered” insured and self-insured group health plans and individual insurance policies provide full coverage, with no cost-sharing for the member, for certain preventive care services that members receive from *participating providers*¹. The ACA defines preventive services to include for covered adults and children, as applicable, certain annual or periodic exam, screening, counseling and immunization services, and, for women with reproductive capacity, certain contraceptive methods and related counseling.

This Schedule Applies to Non-Grandfathered Self-Insured Plans for Which PreferredOne Administrative Services, Inc. is Third Party Administrator

This schedule identifies the medical services that a non-grandfathered self-insured group medical plan, for which **PreferredOne Administrative Services, Inc.** is a third party administrator (PAS), has determined to be preventive health care services as defined and required by the ACA (the “Schedule”), which includes evidence-based items or services that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force with respect to the individual involved (except as otherwise provided in applicable law or guidance); immunizations for routine use in children, adolescents, and adults that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved; and with respect to infants, children, adolescents and women, evidence-informed preventive care and screenings provided for in binding comprehensive guidelines supported by the Health Resources and Services Administration, but subject to any additional provisions stated in the plan document and/or the summary plan description for the self-insured group medical plan. The Schedule is effective as of the first day of your plan’s plan year that begins on or after January 1, 2019, but is subject to change or amendment in the discretion of the plan sponsor of your self-insured group medical plan, or as necessary or appropriate to reflect changes in federal or state law or guidance, or other changes in administrative process.

Note: Certain religious employers are exempt from and not required to comply with the women’s contraceptives and related counseling requirements, and their self-insured group medical plan does not provide such coverage unless the plan document or summary plan description for the plan separately states otherwise. Additionally, certain eligible organizations (e.g., non-profit organizations or certain closely held for profit organizations that have religious objections to some or all contraceptive coverage, and that meet certain requirements), are excused from complying with the portion(s) of the contraceptives requirement to which they object; their self-insured group medical plan does not cover such contraceptives and related counseling; but payments for some preventive contraceptive services for women are available separate from the eligible organization’s self-insured group medical plan as required by the Affordable Care Act. In that case the eligible organization and the enrolled members are not responsible for the cost of the coverage for the benefit (the “accommodation”), and PAS will arrange separate payments for the contraceptives and related counseling stated in Section II of this Schedule to which the employer objects. *You* will be notified separately if these situations apply to *your* employer.

General Description of Preventive Health Care Services and Limitations

The services listed in this Schedule are preventive health care services for covered children, adolescents and adults, subject to the following:

- The services are 100% or fully covered by *your* plan, with no member cost-sharing, when *you* receive them from PreferredOne’s *participating providers*. *Your* plan’s benefit level will be lower (less than 100%) when *you* receive these services from *non-participating providers*; *you* should refer to the SPD for *your* plan for the applicable *non-participating provider* benefit level.
- These services are *covered services* under *your* plan, and *your* plan will pay for them only when, at the time of service, *you* are eligible for and properly enrolled in coverage, and *you* and/or *your* employer have timely paid for *your* coverage.
- The services listed below are generally covered as preventive health care services only when they are provided during an annual or other periodic preventive physical or wellness exam. Unless otherwise specifically stated in the Schedule, the services listed below are preventive only when: (i) they are performed by a *primary care practitioner* or in a primary care setting (exceptions may apply), (ii) for the purpose of preventing diseases or conditions in asymptomatic persons (those with no symptoms), and (iii) are properly coded by the practitioner.
- If the service is a screening (whether involving completion of a written assessment, a lab test, or a procedure that uses diagnostic equipment), *you* must be asymptomatic, meaning that *you* do not have symptoms of a condition or disease and either have not previously received a screening or have previously received the applicable screening according to the applicable time frame with “normal” results.
- If a preventive service results in follow up treatment for an identified condition or illness, such follow up treatment is not a preventive health care service. Services that are not preventive may be covered as medical care or treatment services under another non-preventive provision of *your* plan, and subject to the applicable member cost-sharing.
- Many drugs, medications, vitamins and supplements, both prescribed and over-the-counter are not preventive health care services. When prescribed, they may be covered under a separate non-preventive benefit provision of *your* plan, and subject to the applicable member cost-sharing.

¹ Italicized words are defined in the applicable plan document or SPD.

- Coverage and benefits for preventive health care services, and the frequency, method, treatment or setting for them is subject to any limits and exclusions set forth in the applicable plan document or SPD, and to PreferredOne's and/or your plan's usual policies, processes and requirements.

Health Care Service	Description	Adults		Children Adolescents
		Men	Women	
I. Wellness Exams and Services				
Preventive physical exams	<p>Periodic preventive physical exams (one per female member in a calendar year), which include the services described in the guidelines supported by the Health Resources and Services Administration, and including:</p> <p>For women:</p> <ul style="list-style-type: none"> ▪ Counseling about chemoprevention for women who are at high risk for breast cancer ▪ Counseling to take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid, for women who plan for or are capable of pregnancy ▪ Counseling and screening for HIV infection for sexually active women ▪ Counseling on sexually transmitted infections for sexually active women ▪ Screening for chlamydia for sexually active non-pregnant young women age 24 and younger, and for older non-pregnant women at increased risk ▪ Screening for gonorrhea for sexually active non-pregnant young women age 24 and younger, and for older non-pregnant women at increased risk ▪ Screening for intimate partner violence, such as domestic violence, and for women who screen positive, referral to or provision of intervention services <p>For men and women:</p> <ul style="list-style-type: none"> ▪ Counseling on and prescription for low-dose aspirin use for the prevention of cardiovascular disease and colorectal cancer in men and women aged 50 to 59 years who meet certain criteria ▪ Counseling to prevent sexually transmitted infections for adults at increased risk ▪ For community-dwelling adults age 65 and older who are at increased risk of falls, counseling to recommend use of vitamin D, and/or exercise and/or physical therapy and/or physical therapy ▪ For individuals who are aged 40-75 years and have no history of cardiovascular disease (CVD), lipid screening; and if the individual has 1 or more CVD risk factors and a calculated 10-year risk of a cardiovascular event of 10% or greater, use of a low to moderate dose statin ▪ Screening for: <ul style="list-style-type: none"> → Depression → High blood pressure, and one follow up office visit to check blood pressure for persons with abnormal screening results → Syphilis 			
		X	X	
Prenatal services	<p>Routine prenatal care and exams for pregnant women and pregnant adolescents, that include visit specific screening tests, education and counseling, as follows:</p> <ul style="list-style-type: none"> ▪ Counseling about lactation by a trained provider during pregnancy and/or in the postpartum period ▪ Screening for preeclampsia with blood pressure measurements, and for females who are at high risk of preeclampsia, counseling on and prescription for low-dose aspirin as preventive medication after 12 weeks gestation ▪ Purchase or rental of breastfeeding equipment ▪ Routine blood tests, and specifically including: <ul style="list-style-type: none"> → Rh (D) blood typing and antibody testing → Repeated Rh (D) antibody testing for unsensitized Rh (D)-negative females unless the biological father is known to be Rh (D)-negative ▪ Routine screenings, and specifically including screening for: <ul style="list-style-type: none"> → Asymptomatic bacteriuria at the later of 12 to 16 weeks' gestation or the first prenatal visit → Chlamydia for pregnant females aged 24 and younger, and for older pregnant females who are at increased risk → Depression for pregnant and postpartum females → Gestational diabetes for pregnant females between 24 and 28 weeks of gestation → Hepatitis B virus infection at the first prenatal visit → HIV → Syphilis → Tobacco use and provide behavioral interventions for cessation to pregnant females who use tobacco 		X	X (adolescents)

Health Care Service	Description	Adults		Children Adolescents
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Periodic well baby, child and adolescent exams	<p>Periodic well baby, child and adolescent exams according to guidelines supported by the Health Resources and Services Administration, including:</p> <ul style="list-style-type: none"> ▪ Obtaining a prescription for oral fluoride for preschool children starting at 6 months whose primary water source is deficient in fluoride ▪ In primary care practices, application of fluoride varnish to the primary teeth of infants and children starting at the age of primary tooth eruption ▪ Obtaining a prescription for iron supplement for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia ▪ Counseling to minimize sun/UV radiation exposure for fair-skinned children, adolescents and young adults to age 24 ▪ Counseling to prevent sexually transmitted infections for sexually active adolescents ▪ Brief counseling or education interventions to prevent tobacco use in school-aged children and adolescents ▪ Routine screenings, and specifically including: <ul style="list-style-type: none"> → Screening to detect amblyopia or its risk factors in children ages 3-5 → Screening of adolescents age 12-18 for major depressive disorder → Screening of persons at increased risk for syphilis 			X
II. Contraceptive Methods and Counseling for Women				
The full range of Food and Drug Administration approved contraceptive methods and related counseling for women with reproductive capacity	<ul style="list-style-type: none"> ▪ Women's contraceptive drugs, devices and delivery methods, an up to 31-calendar day supply per prescription or refill obtained from a pharmacy, or an up to 93-calendar day supply per prescription or refill obtained from a mail order pharmacy, or received at a physician's office, including: <ul style="list-style-type: none"> → Generic oral, injectable, implantable, and insertable contraceptives that require a prescription under applicable law; and → Brand name oral, injectable, implantable, and insertable contraceptives that require a prescription under applicable law, and for which no generic alternative exists ▪ Sterilization procedures (excluding the reversal of sterilization procedures) ▪ Member education and counseling about contraceptive methods 		X	X (for adolescent females with reproductive capacity)
III. Counseling				
Alcohol misuse screening and counseling	Office visit screening for alcohol misuse and, for persons who engage in risky or hazardous drinking, up to two additional office visits in a 12-month period for behavioral counseling to reduce alcohol misuse	X	X	X (for young adults age 18 and older)
BRCA risk assessment and genetic counseling/testing	Screening by a primary care provider for women with family members with breast, ovarian, tubal or peritoneal cancer with tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2); and for women with positive results, genetic counseling and, if indicated, BRCA testing		X	
Breast cancer preventive medication	Office visit counseling of women who are at increased risk for breast cancer, about medications to reduce their risk; and offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene for women who are at low risk for adverse medication effects		X	
Healthy diet and physical activity counseling	Office setting behavioral counseling for healthful diet and physical activity by primary care clinicians, nutritionists or dieticians, for adults with hyperlipidemia or other known risk factors for cardiovascular and diet-related chronic disease (such as obesity and diabetes), up to three times in a calendar year	X	X	
Obesity screening and counseling	Office setting screening for obesity for all adults and for children age 6 and older, and: <ul style="list-style-type: none"> ▪ For obese children, offer or referral to comprehensive, intensive behavioral interventions to promote improvements in weight status ▪ For adults with a body mass index of 30 kg/m² or higher, offer or referral to intensive, multicomponent behavioral interventions 	X	X	X
Tobacco use counseling and intervention	Office setting screening for tobacco use, and for those who use tobacco products: <ul style="list-style-type: none"> ▪ Two designated tobacco cessation counseling program attempts per member per calendar year, limited to four counseling sessions per attempt ▪ Tobacco cessation prescription drugs and prescribed over-the-counter medications when used in connection with or separate from a designated tobacco cessation counseling program attempt, limited to a maximum of 31-calendar days per prescription or refill per member and a total 93-calendar day supply per member per 	X	X (non-pregnant)	

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	attempt for up to two attempts per member per calendar year			
IV. Immunizations				
Periodic immunizations	Immunizations for routine use in children, adolescents and adults that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved, as required under applicable federal law. The specific immunization schedules are available at www.preferredone.com .	X	X	X
V. Other Preventive Services for Infants				
Gonorrhea eye medication for newborns	Topical eye medication for newborns to prevent gonococcal ophthalmia neonatorum (bacterial conjunctivitis)			X
VI. Screenings				
Abdominal aortic aneurysm screening	One-time screening for abdominal aortic aneurysm by ultrasonography for men who are age 65 to 75 who have ever smoked tobacco products	X		
Breast cancer screening for women	Screening mammography for women age 40 and older, once per member in a calendar year every 1 to 2 years		X	
Cervical cancer screening	Screening for cervical cancer in women ages 21 to 65 years with Pap smear every 3 years or, for women ages 30-65 years who want to lengthen the screening interval, screening with a combination of Pap smear and HPV testing every 5 years		X	
Colorectal cancer screening	Screening for colorectal cancer between ages 50 and 75, as recommended by your physician using fecal occult blood testing, FIT, multi-targeted stool DNA (FIT-DNA), colonoscopy, CT colonography, sigmoidoscopy, or sigmoidoscopy with FIT	X	X	
Glucose screening (abnormal)	Screening for abnormal glucose in overweight and obese adults ages 40-70, and for those with abnormal results, referral to behavioral counseling interventions to promote healthy diet and physical activity	X	X	
Hepatitis B virus screening	Screening for hepatitis B virus infection in persons at high risk for infection	X	X	X (adolescents)
Hepatitis C virus screening	<ul style="list-style-type: none"> ▪ Screening for HCV infection for adults at high risk for infection ▪ One-time screening for HCV infection for adults born between 1945 and 1965 	X	X	
HIV screening	HIV screening for adolescents and adults ages 15-65, and for persons of all ages who are at increased risk	X	X	X
Latent tuberculosis screening	Screening for latent tuberculosis infection in adults at risk (age 18 and older)	X	X	
Lung cancer screening	Annual screening for lung cancer with low-dose computed tomography for adults ages 55-80 who have a 30 pack per year smoking history and who currently smoke or quit within the preceding 15 years; except that screening is not available once a person has abstained from smoking for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery	X	X	
Newborn screenings	Screening of newborn infants for hearing loss, phenylketonuria, sickle cell disease, and congenital hypothyroidism			X
Osteoporosis screening	Screening for osteoporosis for women age 65 and older, and for women under 65 with a fracture risk the same or greater than that of a 65 year old Caucasian woman who has no additional risk factors		X	