

## Preventive Care Benefits

Guidelines	Description
<b>USPSTF</b>	<ul style="list-style-type: none"> <li>Evidence-based items or services that have a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force</li> </ul>
<b>HRSA</b>	<ul style="list-style-type: none"> <li>Evidence-informed exams, Screenings, immunizations, and counseling in the comprehensive guidelines by the Health Resources and Services Administration, including such additional preventive care and screenings with respect to women</li> </ul>
<b>CDC</b>	<ul style="list-style-type: none"> <li>Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved</li> </ul>

### Service Types:

We cover the following types of preventive services as recommended by USPSTF, HRSA, and CDC. You do not have to pay a copayment or coinsurance or meet the deductible, if any.

Benefit	Description
<b>Types</b>	<ul style="list-style-type: none"> <li>Counseling;</li> <li>Exams;</li> <li>Evaluations;</li> <li>Immunizations;</li> <li>Screenings; and</li> <li>Tests</li> </ul>
<b>Ages</b>	<ul style="list-style-type: none"> <li>Prenatal and perinatal care;</li> <li>Care for infants, children, and adolescents;</li> <li>Care for adults; and</li> <li>Geriatric care.</li> </ul>

You may be required to pay your normal cost-share if the primary purpose of the service is for treatment rather than preventive screenings. Services are preventive when there are no prior symptoms. Services are for treatment purposes when you are having symptoms or you have been diagnosed with a particular condition. There are two (2) exceptions. You may have these services with no cost sharing even with prior symptoms:

1. You may go to your PCP for one annual routine physical regardless of prior diagnoses; and
2. BRCA testing for women in certain situations.

Where an attending physician determines that a recommended preventive service is medically appropriate for an individual – such as, for example, providing a mammogram or pap smear for a transgender man who has residual breast tissue or an intact cervix – and the individual otherwise satisfies the criteria in the recommendation or guideline as well as all other coverage requirements, we will provide coverage for the recommended preventive service, without cost sharing, regardless of sex assigned at birth, gender identity, or gender of record at GlobalHealth.

#### Accessing the Services:

Make an appointment with your PCP early in the year for your routine adult exam or your child's well-child exam. Your PCP will determine which services are right for you and perform some services at that time. You can discuss which other services you need and set up additional preventive care appointments. He/she will submit any referrals you need. There are two (2) exceptions:

1. You have direct access to your OB/GYN for services he/she handles; and
2. You have direct access to an imaging center for your mammogram.

Not everyone needs every preventive service. Each service has limits on when or how often it is covered. For more detailed information on each service below, see the USPSTF website, <http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>. Contact Customer Care if you have questions.

#### **Services for Adults**

These services do not require preauthorization.

- Alcohol misuse screening and counseling;
- Aspirin use for men and women of certain ages;
- Blood pressure screening for all adults;
- Cholesterol screening for adults of certain ages or at higher risk;
- Depression screening for adults;
- Diabetes screening for adults as part of cardiovascular risk assessment in adults age 40 – 70 who are overweight or obese;
- Diet counseling for adults at higher risk for chronic disease;
- Falls prevention counseling and preventive medication for adults age sixty-five (65) and older;
- Healthy diet and physical activity counseling for adults with high risk of CVD;
- Hepatitis B screening for adults at high risk for infection;
- Hepatitis C virus infection screening for adults at high risk and one-time screening for adults born between 1945 and 1965;

- HIV screening (testing) for all adults to age sixty-five (65);
- Immunization vaccines for adults – doses, recommended ages, and recommended populations vary:

#### **Immunization**

- Hepatitis A
- Hepatitis B
- Herpes Zoster (Shingles)
- Human Papillomavirus (“HPV”)
- Influenza (Flu Shot)
- Measles, Mumps, Rubella (“MMR”)
- Meningococcal (Meningitis)
- Pneumococcal (Pneumonia)
- Tetanus, Diphtheria, Pertussis (“Tdap”)
- Varicella (Chicken Pox)

- Obesity screening and counseling for all adults;
- Sexually transmitted infection (“STI”) prevention counseling for adults at higher risk;
- Syphilis screening for all adults at higher risk; and
- Tobacco use screening for all adults and cessation interventions for tobacco users.

#### **Services for Women**

These services do not require preauthorization.

- Anemia screening on a routine basis for pregnant women;
- Aspirin as preventive medication after twelve (12) weeks of gestation in women who are at high risk for pre-eclampsia;
- Breast cancer mammography screenings every 1 - 2 years for women over age forty (40);
- Cervical cancer screening for sexually active women;
- Chlamydia infection screening for younger women and other women at higher risk;
- Contraception: FDA-approved contraceptive methods and patient education and counseling, not including abortifacient drugs;
- Depression screening for pregnant and postpartum women;
- Domestic and interpersonal violence screening and counseling for all women;
- Folic acid supplements for women who may become pregnant;
- Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes;
- Gonorrhea screening for all women at higher risk;
- Hepatitis B screening for pregnant women at their first prenatal visit;

- HIV screening (testing) and counseling for sexually active women;
- HPV DNA test every three (3) years for women with normal cytology results who are age thirty (30) or older;
- Osteoporosis screening for women over age sixty (60) depending on risk factors;
- Rh incompatibility screening for all pregnant women and follow-up testing for women at higher risk;
- STI counseling for sexually active women;
- Syphilis screening for all pregnant women or other women at increased risk;
- Tobacco use screening and interventions for all women, and expanded counseling for pregnant tobacco users;
- Urinary tract or other infection screening for pregnant women; and
- Well-woman visits to obtain recommended preventive services for women under age sixty-five (65). Multiple visits may be required to perform all services.
  - Routine pap test
  - Human papillomavirus (“HPV”) testing
  - Counseling for sexually transmitted infections
  - Counseling/screening for HIV
  - Contraceptive methods and counseling
  - Counseling/screening for interpersonal and domestic violence

#### **Adult Services that require Preauthorization**

- Abdominal aortic aneurysm one-time screening for men of specified ages who have ever smoked;
- BRCA counseling about genetic testing and testing for women at higher risk;
- Breast cancer chemoprevention counseling for women at higher risk;
- Breastfeeding comprehensive support and counseling from trained Providers, as well as access to breastfeeding supplies, for pregnant and nursing women;
- Colorectal cancer screening for adults ages 50 – 75;
- Contraception sterilization procedures; and
- Lung cancer screening for adults ages 55 - 80 years who have a thirty (30) pack-year smoking history.

#### **Services for Children**

These services are performed as part of the newborn services at birth or during a well-child visit. Preauthorization is not required.

- Alcohol and drug use assessments for adolescents;
- Autism screening for children at ages 18 and 24 months;
- Behavioral assessments for children at ages 0-11 months, 1-4 years, 5-10 years, 11-14 years, 15-17 years;

- Blood pressure screening for children at ages 0-11 months, 1-4 years, 5-10 years, 11-14 years, 15-17 years;
- Cervical dysplasia screening for sexually active females;
- Congenital hypothyroidism screening for newborns;
- Dental caries screening for children from birth through age five (5);
- Depression screening for adolescents;
- Developmental screening for children under age three (3), and surveillance throughout childhood;
- Dyslipidemia screening for children at higher risk of lipid disorders at ages 1-4 years, 5-10 years, 11-14 years, 15-17 years;
- Fluoride chemoprevention supplements for children without fluoride in their water source;
- Gonorrhea preventive medication for the eyes of all newborns;
- Hearing screening for all newborns;
- Height, weight and body mass index measurements for children at ages 0-11 months, 1-4 years, 5-10 years, 11-14 years, 15-17 years;
- Hematocrit or hemoglobin screening for children;
- Hemoglobinopathies or sickle cell screening for newborns;
- Hepatitis B screening for adolescents at high risk, at ages 11-17 years;
- HIV screening (testing) for children age fifteen (15) and older and adolescents at higher risk;
- Immunization vaccines for children from birth to age eighteen (18) – doses, recommended ages, and recommended populations vary:

#### **Immunization**

- Diphtheria, Tetanus, Pertussis (“TDaP”)
- Haemophilus influenzae type b (“Hib”)
- Hepatitis A
- Hepatitis B
- Human Papillomavirus (“HPV”)
- Inactivated Poliovirus (Polio)
- Influenza (Flu Shot)
- Measles, Mumps, Rubella (“MMR”)
- Meningococcal (Meningitis)
- Pneumococcal (Pneumonia)
- Rotavirus (“RV”)
- Varicella (Chicken Pox)

- Iron supplements for children ages 6 - 12 months at risk for anemia;
- Lead screening for children at risk of exposure;
- Medical history for all children throughout development at ages 0-11 months, 1-4 years, 5-10 years, 11-14 years, 15-17 years;
- Obesity screening and counseling;

- Oral health risk assessment for young children at ages 0-11 months, 1-4 years, 5-10 years;
- Phenylketonuria (“PKU”) screening for this genetic disorder in newborns;
- STI prevention counseling and screening for adolescents at higher risk;
- Skin cancer behavioral counseling for children, adolescents, and young adults;
- Tobacco use interventions, including education or brief counseling, for school-aged children and adolescents;
- Tuberculin testing for children at higher risk of tuberculosis at ages 0-11 months, 1-4 years, 5-10 years, 11-14 years, 15-17 years; and
- Vision screening for all children.

**Follow-up Care:**

We cover follow-up care for conditions discovered during preventive care services through our regular care processes. Your physician will schedule an appointment, or submit a referral request if needed, for treatment. There is no cost sharing for the preventive care service that led to the diagnosis, but you must pay the applicable cost-share for treatment of the new diagnosis provided on a different date.