PREVENTIVE SERVICES BENEFITS
FELRA AND UFCW HEALTH AND WELFARE FUND
AS OF APRIL 1, 2014
DRAFT FOR REVIEW BY FUND COUNSEL

PREVENTIVE SERVICES

Preventive Services Benefit Overview

This Fund provides coverage for certain Preventive Services as required by the Patient Protection and Affordable Care Act of 2010 (ACA). Coverage is provided on an in-network basis only, with no cost-sharing (for example, no deductibles, coinsurance, or copayments), 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 Fund as part of the ACA guidelines will be covered with no cost-sharing. This means that the service will be covered at 100% of the Fund's allowable charge, with no coinsurance, copayment, or deductible.

If preventive services are received from a non-network provider, they will not be eligible for coverage under this Preventive Services benefit.

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

The following services are covered under the Fund's Preventive Services benefit with no cost-sharing.

Covered Preventive Services for Adults

- Abdominal Aortic Aneurysm one-time screening for men ages 65-75 who have ever smoked.
- Alcohol Misuse screening and counseling: Screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings.
- Blood Pressure screening for all adults age 18 and older. Blood pressure screening is not payable as a separate claim, as it is included in the payment for a physician visit.

- Cholesterol screening (Lipid Disorders Screening) for men aged 35 and older; men aged 20-35 if they are at increased risk for coronary heart disease; and women aged 20 and older if they are at increased risk for coronary heart disease.
- Colorectal cancer screenings (fecal occult blood testing, sigmoidoscopy, and colonoscopy) for adults age 50 to 75, including bowel preparatory medications as required.
- Depression screening for adults.
- Type 2 Diabetes screening for asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.
- Diet counseling for adults at higher risk for chronic disease.
- Exercise or physical therapy for community-dwelling adults age 65 or older who are at increased risk for falls.
- HIV screening for all adults at higher risk.
- Obesity screening and intensive counseling and behavioral interventions to promote sustained weight loss for obese adults. Screening includes measurement of BMI by the clinician with the purpose of assessing and addressing body weight in the clinical setting.
- Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk.
-
- Syphilis screening for all adults at increased risk of infection.
- Tobacco Use screening for all adults and cessation interventions for tobacco users.
- Vitamin D (by prescription) for community-dwelling adults age 65 and over who are at increased risk for falls.

Covered Preventive Services for Women, Including Pregnant Women

- Well woman office visits for women ages 21 to 64, for the delivery of required preventive services, including preconception and prenatal care.
- Anemia screening on a routine basis for pregnant women.
- Bacteriuria urinary tract or other infection screening for pregnant women. Screening for asymptomatic bacteriuria with urine culture for pregnant women is payable at 12 to 16 weeks' gestation or at the first prenatal visit, if later.
- 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 Fund will also cover BRCA 1 or 2 genetic tests without cost-sharing, if appropriate as determined by the woman's health care provider.
- Breast cancer screening mammography for women with or without clinical breast examination and with or without diagnosis, every 1 to 2 years for women aged 40 and older.
- Breast Cancer Chemoprevention counseling for women at higher risk. The Fund will pay for counseling by physicians with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention, to discuss the risks and benefits of chemoprevention.
- Comprehensive lactation support and counseling by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment. The Fund may pay for purchase of lactation equipment instead of rental, if deemed appropriate by the plan administrator.
- Cervical Cancer screening for sexually active women who have a cervix. Provided to women ages 21 to 65 with cytology (pap smear) once every three years.
- Human papillomavirus testing for women ages 30 and older with normal Pap smear results, once every three years as part of a well woman visit
- Chlamydia Infection screening for all sexually active non-pregnant young women aged 24 and younger, and for older non-pregnant women who are at increased risk, as part of a well

woman visit. For all pregnant women aged 24 and younger, and for older pregnant women at increased risk, Chlamydia infection screening is covered as part of the prenatal visit.

- FDA-approved contraceptives methods, sterilization procedures, and patient education and counseling for women of reproductive capacity. FDA-approved contraceptive methods, include barrier methods, hormonal methods, and implanted devices, as well as patient education and counseling, as prescribed by a health care provider. The Fund may cover a generic drug without cost sharing and charge cost sharing for an equivalent branded drug. The Fund will accommodate any individual for whom the generic would be medically inappropriate, as determined by the individual's health care provider. Services related to follow-up and management of side effects, counseling for continued adherence, and device removal are also covered without cost sharing.
- Folic Acid supplements for women who are planning or capable of pregnancy, containing 0.4 to 0.8 mg of folic acid. Covered only if the woman obtains a prescription.
- Gonorrhea screening for all sexually active women, including those who are pregnant, if they are at increased risk for infection (i.e., young or have other individual or population risk factors), provided as part of a well woman visit. The Fund will pay for the most cost-effective test methodology only.
- Counseling for sexually transmitted infections, once per year as part of a well woman visit
- Counseling and screening for HIV, once per year as part of a well woman visit
- Hepatitis B screening for pregnant women at their first prenatal visit
- Osteoporosis screening for women. Women age 65 and older and younger women whose risk of fracture is equal to or greater than that of a 65-year old white woman who has no additional risk factors will be eligible for routine screening for osteoporosis. The Fund will pay for the most cost-effective test methodology only.
- Rh Incompatibility screening for all pregnant women during their first visit for pregnancy related care, and follow-up testing for all unsensitized Rh (D) negative women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D) negative.
- Screening for gestational diabetes in pregnant women between 24 and 28 weeks' gestation and at the first prenatal visit for pregnant women identified to be at risk for diabetes
- Tobacco Use screening and interventions for all women, as part of a well woman visit, and expanded counseling for pregnant tobacco users
- Syphilis screening for all pregnant women or other women at increased risk, as part of a well woman visit
- Screening and counseling for interpersonal and domestic violence, as part of a well woman visit

Covered Preventive Services for Children

- Well baby and well child visits from birth through 21 years as recommended for pediatric preventive health care by "Bright Futures/American Academy of Pediatrics." Visits will including the following age-appropriate screenings and assessments:
  - Developmental screening for children under age 3, and surveillance throughout childhood
  - Behavioral assessments for children of all ages
  - Vision screening to detect amblyopia, strabismus, and defects in visual acuity in children younger than age 5 years.
    - Vision screenings for children age 0 to 3 will be performed as part of the well child visit
  - Hearing screening
  - Height, Weight and Body Mass Index measurements for children

  - Autism screening for children at 9,18 and 30 months
  - Alcohol and Drug Use assessments for adolescents
  - Hematocrit or Hemoglobin screening for children
  - Lead screening for children at risk of exposure
  - Tuberculin testing for children at higher risk of tuberculosis
  - Dyslipidemia screening for children at higher risk of lipid disorders
  - Sexually Transmitted Infection (STI) prevention counseling for adolescents at higher risk
  - Cervical Dysplasia screening for sexually active females
  - Oral Health risk assessment
- Newborn screening tests recommended by the Advisory Committee on Heritable Disorders in Newborns and Children
- Screening for oral fluoride supplementation at currently recommended doses (based on local water supplies) to preschool children older than 6 months of age whose primary water source is deficient in fluoride
- Screening for iron supplementation for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia
- Skin cancer behavioral counseling for children, adolescents and young adults (age 10 – 24)
- Obesity screening for children aged 6 years and older, and counseling or referral to comprehensive, intensive behavioral interventions to promote improvement in weight status
- HIV screening for adolescents at increased risk of infection

Immunizations

Routine adult immunizations are covered for you and your covered eligible dependents who meet the age and gender requirements and who meet the CDC medical criteria for recommendation.

- Immunization vaccines for adults--doses, recommended ages, and recommended populations must be satisfied:
  - Diphtheria/tetanus/pertussis
  - Measles/mumps/rubella (MMR)
  - Influenza
  - Human papillomavirus (HPV)
  - Pneumococcal (polysaccharide)
  - Zoster
  - Hepatitis A
  - Hepatitis B
  - Meningococcal.

- Immunization vaccines for children from birth to age 18 —doses, recommended ages, and recommended populations must be satisfied:
  - Hepatitis B
  - Rotavirus
  - Diphtheria, Tetanus, Pertussis
  - Haemophilus influenzae type b
  - Pneumococcal
  - Inactivated Poliovirus
  - Influenza

- Measles, Mumps, Rubella
- Varicella
- Hepatitis A
- Meningococcal
- Human papillomavirus (HPV)

Preventive Medications

- Aspirin to prevent cardiovascular disease for men age 45 to 79 years and for women age 55 to 79 years
- Oral fluoride supplements for preschool children age 6 months to 5 years whose primary water source is deficient in fluoride.
- Folic acid supplements containing 0.4 to 0.8 mg for women planning or capable of pregnancy
- Iron supplements for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia
- Prophylactic ocular topical medication for all newborns for the prevention of gonorrhea

Over-the-counter preventive medications require a written prescription from your physician.

Office Visit Coverage

Preventive Services are paid for based on the Fund's payment schedules for the individual services. However, there may be limited situations in which an office visit is payable under the Preventive Services benefit. The following conditions apply to payment for in- network office visits under the Preventive Services benefit. Non-network office visits are not covered under the Preventive Services benefit under any condition.

- If a preventive item or service is billed separately from an office visit, then the Fund will impose cost-sharing with respect to the office visit.
- If the preventive item or service is not billed separately from the office visit, and the primary purpose of the office visit is the delivery of such preventive item or service, then the Fund will pay 100 percent for the office visit.
- If the preventive item or service is not billed separately from the office visit, and the primary purpose of the office visit is not the delivery of such preventive item or service, then the Fund will impose cost-sharing with respect to the office visit.

For example, if a person has a cholesterol screening test during an office visit, and the doctor bills for the office visit and separately for the lab work associated with the cholesterol screening test, the Fund will require a copayment for the office visit but not for the lab work. If a person sees a doctor to discuss recurring abdominal pain and has a blood pressure screening during that visit, the Fund will charge a copayment for the office visit because the blood pressure check was not the primary purpose of the office visit.

Well child annual physical exams recommended in the Bright Futures Recommendations are treated as Preventive Services and paid at 100%. Well woman visits are also treated as Preventive Services and paid at 100%.

Preventive Services Coverage Limitations and Exclusions

- Preventive Services are covered when performed for preventive screening reasons and billed under the appropriate preventive services codes. Service covered for diagnostic reasons are covered under the applicable benefit, not the Preventive Services benefit. A service is covered for diagnostic reasons if the participant or dependent had symptoms requiring further diagnosis or abnormalities found on previous preventive or diagnostic studies that required additional examinations, screenings, tests, treatment, or other services.
- Services covered under the Preventive Services benefit are not also payable under other portions of the Fund.
- The Fund will use reasonable medical management techniques to control costs of the Preventive Services benefit. Specifically, the Fund will only cover the most cost-effective test methodology for all preventive tests and services on this list. The Fund will also establish treatment, setting, frequency, and medical management standards for specific Preventive Services, which must be satisfied in order to obtain payment under the Preventive Services benefit.
- Immunizations are not covered, even if recommended by the CDC, if the recommendation is based on the fact that some other risk factor is present (e.g., on the basis of occupational, lifestyle, or other indications). Travel immunizations, e.g., typhoid, yellow fever, cholera, plague, and Japanese encephalitis virus) are not covered.
- Examinations, screenings, tests, items or services are not covered when they are investigational or experimental, as determined by the Fund.
- Examinations, screenings, tests, items, or services are not covered when they are provided for the following purposes:
  - When required for education, sports, camp, travel, insurance, marriage, adoption, or other non-medical purposes;
  - When related to judicial or administrative proceedings;
  - When related to medical research or trials; or
  - When required to maintain employment or a license of any kind.
- Services related to male reproductive capacity, such as vasectomies and condoms.

March 19, 2014