

Indemnity PPO Medical Plan Preventive Care Guidelines

The Indemnity PPO Medical Plan offers 100% coverage for many routine preventive care services for you and your covered dependents when care is received from a PPO network provider—you pay nothing from your pocket when this preventive care is provided by a PPO provider in accordance with the guidelines below.

The Plan's preventive care guidelines also reflect requirements of the Affordable Care Act (also known as "health care reform"). A summary of the available preventive care services covered under the Plan is shown on the following pages.

This is merely a summary of your preventive service benefits under the Plan. Where a conflict exists between this document and the Plan terms, the Plan shall control. The Plan reserves the right to amend, modify or terminate coverage at any time.

These guidelines can help you understand the Plan's coverage for preventive care.

Only the routine preventive care services, screenings, and exams described on the following pages are covered 100% when care is received from a PPO provider. Your doctor may determine that you or a covered dependent is at high risk for a certain disease or condition that requires a screening before/after the age specified in the guidelines or requires more frequent screenings than what is provided in the guidelines. However, additional screenings (beyond the frequency shown or before or after the age specified in these preventive care guidelines) will not be covered at 100%. However, if an additional screening is medically necessary, it would likely be covered under the Plan's regular benefits for medically necessary services (i.e. subject to coinsurance, deductibles, etc.).

- If a preventive service is billed separately from an office visit, the office visit is subject to normal plan benefits (including deductible and coinsurance) and may be paid at less than 100%.
- If a preventive service is not billed separately from the office visit, and the office visit is primarily for the purpose of providing preventive services, the office visit is payable at 100%.
- If the main purpose of the office visit is not for the purpose of providing preventive services, normal plan benefits (including deductible and coinsurance) will apply.

NOTE: The recommendations of the United States Preventive Services Task Force (USPSTF), the Health Resources and Services Administration (HRSA), and the Centers for Disease Control and Prevention (CDC) were used by the Board of Trustees to establish the guidelines for preventive care services under the Indemnity PPO Medical Plan.

UFCW & EMPLOYERS BENEFIT TRUST Preventive Care Guidelines

Adult Preventive Care

Preventive Care	Frequency, Based on Age							
	18 – 25	26 – 34	35 – 39	40 – 44	45 – 49	50 – 59	60 – 64	65+
Routine immunizations								
Diphtheria, tetanus, pertussis (TD, Tdap)	Every 10 years; booster dose may be needed for wound management, or in pregnancy during the late 2 nd trimester or the 3 rd trimester							
Hepatitis A	Covered							
Hepatitis B	Covered							
Herpes Zoster (shingles)	Not covered					Covered		
Human papillomavirus (HPV) (<i>men</i>)	Covered through age 21 (or through age 26 if sexually active with a same-sex partner who is immunocompromised)	Not covered						
Human papillomavirus (HPV) (<i>women</i>)	Covered through age 26	Not covered						
Influenza (flu)	Covered annually							Covered annually—either the standard-dose or the high-dose
Measles, Mumps, Rubella (MMR) (or Measles, Mumps, Rubella and Varicella)	Covered only for individuals born in 1957 or later, people in high-risk groups (e.g., healthcare workers, college students, international travelers), and women of childbearing age who do not have evidence of rubella immunity							
Meningococcal (meningitis)	Covered only for individuals without spleens or with damaged spleens; individuals who travel to countries where bacterial meningitis is active; microbiologists; and first-year college students through age 21 who live in residence halls							
Pneumococcal (pneumonia)	Covered only for individuals who have chronic illness or risk factors							Covered
Varicella (chickenpox)	Covered							

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Preventive Care	Frequency, Based on Age							
	18 – 25	26 – 34	35 – 39	40 – 44	45 – 49	50 – 59	60 – 64	65+
Well woman exam (office visit)	At least one preventive care visit per year beginning in adolescence and continuing across the lifespan for the delivery of required preventive services							
Routine physical exam (office visit)	Covered annually							
Alcohol misuse screening and counseling	Screening and brief behavioral counseling interventions to reduce alcohol misuse. (Fund covers 2 behavioral counseling sessions per calendar year during routine physical exam or primary care physician office visit)							
Referral for BRCA genetic test, if coded as preventive care (<i>women at higher risk</i>)	Maximum of 1 referral for counseling every 3 years							
BRCA counseling about genetic testing plus BRCA 1 or 2 genetic tests	Covered for women at high risk (BRCA testing covered once per lifetime), including a woman who has previously been diagnosed with cancer, as long as she is not currently symptomatic or receiving active treatment for breast, ovarian, tubal or peritoneal cancer							
Breast cancer chemoprevention	1 counseling session every 3 years during a routine physical exam or a primary care physician office visit. Fund will cover risk reducing medications such as tamoxifen or raloxifene for women at increased risk of breast cancer.							
Mammogram (<i>women only</i>)	Not covered			1 every 1 – 2 years starting at age 40 with or without clinical breast exam. Additional exams may be needed, depending on individual risk (including family history)				
Chlamydia screening (<i>women only</i>)	Annually for sexually active women age 24 or younger. For women age 25 and older, annually if at high risk. Counseling by a health care provider for sexually active adolescent and adult women at an increased risk for sexually transmitted infections (STIs)							
Screening and Counseling for interpersonal and domestic violence (<i>women only</i>).	Covered as part of a well woman visit							
Colorectal cancer screening (fecal occult blood testing, sigmoidoscopy or screening colonoscopy)	Not covered					Covered subject to frequency guidelines (including removal of polyps, pre-procedure specialist consult, pathology exam and anesthesia if the attending provider determines it is medically appropriate)		
Depression screening	1 screening per calendar year during routine physical exam or primary care physician office visit							
Diabetes screening (Type 2)	Not covered			Covered for adults ages 40-70 who are overweight or obese				
Gonorrhea screening	For sexually active women age 24 or younger. For women age 25 and older, annually if at high risk. (Fund covers annual screening)							
Hearing screening	Not covered						Annually, with routine physical exam	
HIV screening	Maximum of 2 screenings per calendar year (more for increased risk)							
Hypertension (blood pressure) screening	Annually, with routine physical exam (not payable separately)							

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Preventive Care	Frequency, Based on Age							
	18 – 25	26 – 34	35 – 39	40 – 44	45 – 49	50 – 59	60 – 64	65+
Lipoprotein panel (cholesterol) screening	Not covered			Covered for adults aged 40 to 75 years. (Fund covers maximum of one screening every 5 years)				
Obesity screening/ counseling	Screening covered for all adults. For adults who are overweight or obese (BMI of 30 kg/m2 or higher), intensive behavioral counseling to promote sustained weight loss, a healthy diet and physical activity. Diet counseling provided for adults who have additional cardiovascular disease (CVD) risk factors							
Diet counseling	Counseling sessions provided by a licensed nutritionist or dietician and recommended by a doctor based on patient's risk factors							
Osteoporosis screening (women only)	Every 2 years (start at age 60 if increased risk)							Every 2 years
Pap smear with pelvic exam (cervical cancer screening) (women only)	Ages 21 to 29 with pap smear every three years	Ages 30-65, screening with pap smear alone every three years, or screening with pap smear and human papillomavirus (HPV) testing every five years.					Not covered	
Prostate cancer screening/ digital rectal exam (men only)	Annually							
Skin cancer counseling	Counseling for individuals age 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.	Not covered.						
Sexually transmitted infection (STI) prevention counseling	Intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections.							
Syphilis screening for adults at higher risk	Maximum of 1 screening per calendar year							
Tobacco use screening and tobacco cessation intervention	Fund covers maximum of 2 cessation interventions (including 4 counseling sessions) per calendar year (plus additional visits during pregnancy). We strongly encourage you to contact the EMAP vendor to receive concurrent counseling to ensure your success.							
Tuberculosis screening	Fund covers maximum of 1 screening per calendar year							
Vision screening	Not covered						Maximum of 1 screening per calendar year	

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Preventive Care	Frequency, Based on Age							
	18 – 25	26 – 34	35 – 39	40 – 44	45 – 49	50 – 59	60 – 64	65+
Abdominal aortic aneurysm screening (<i>men only</i>)	Not covered							A one-time screening for current or former smokers age 65 – 75
Contraceptive education and counseling, sterilization procedures	Maximum of 1 counseling session per calendar year, plus All Food and Drug Administration-approved contraceptive methods, sterilization procedures, and follow up and management of side effects, counseling for continued adherence and device removal. Unless medically inappropriate, only generic drugs are covered							
Exercise or physical therapy to prevent falls	Not covered							For adults in community dwellings at risk for falls.
Hepatitis C Screening	Maximum of 1 hepatitis C Virus (HCV infection) screening per calendar year for high risk adults; and one-time screening for all other adults born between 1945-1965)							
Lung cancer screening	Not covered					Annual screening with low-dose computed tomography for adults ages 55 to 80 years with a history of smoking or have quit within the past 15 years.		
Hepatitis B screening	Maximum of 1 screening per calendar year for high risk adults							

Additional Adult Preventive Care Guidelines for Pregnant Women

Preventive Care	Frequency
Preeclampsia screening	Blood pressure measurements covered throughout pregnancy
Bacteriuria (presence of bacteria in urine) screening	Fund covers 1 per pregnancy if coded as "preventive care"
Breastfeeding interventions to support and promote breastfeeding	Lactation support and counseling during pregnancy and for the duration of breastfeeding. Rental or purchase of standard breastfeeding equipment is also covered in conjunction with each birth to the extent deemed medically reasonable (Fund covers <u>one</u> per pregnancy).
Gestational diabetes screening	Asymptomatic women: 1 screening between 24 and 28 weeks' gestation Women with risk factors for diabetes: at the first prenatal visit
Chlamydia infection screening	For women age 24 or younger. For women age 25 and older, annually if at high risk for infection. (Fund covers annual screening)
Depression screening	For pregnant and postpartum women
Hepatitis B screening	Fund covers 1 per pregnancy (generally at first prenatal visit)
Rh incompatibility screening	Fund covers maximum of 2 screening per pregnancy <ul style="list-style-type: none"> • 1 at first prenatal visit; • 24 - 28 weeks of gestation
Tobacco use screening and interventions	Fund covers 2 per pregnancy
Syphilis screening	Fund covers 1 per pregnancy
HIV screening and counseling	Covered for all pregnant women, including those who present in labor who are untested and whose HIV status is not known.

Preventive Care during Infancy, Early Childhood, Middle Childhood, and Adolescence

The Fund covers preventive care services described in the USPSTF (A and B recommendations) and Bright Futures/American Academy of Pediatrics guidelines. Contact the Trust Fund Office with questions.

Well baby and well child visits from newborn through age 21. Visits may include medical history and the following age-appropriate screenings and behavioral assessments:

- Medical history
- Newborn metabolic/hemoglobin screening and medication provided during hospital confinement for birth including congenital hypothyroidism screening, newborn bilirubin screening, sickle cell screenings, hearing screening, sickle cell screening, phenylketonuria (PKU) screening, gonorrhea preventive medication for the eyes and medication provided during hospital confinement for birth
- Newborn genetic disorder screening tests
- Length/height and weight (and body mass index measurements) from birth to 17 years
- Obesity screening in children age 6 and older and comprehensive, intensive behavioral interventions to promote weight improvement
- Blood pressure screening
- Vision screening
- Hearing screening
- Developmental screening for children under age 3 and surveillance throughout childhood
- Depression screening beginning at age 11
- Autism screening for children at 18 and 24 months
- Critical congenital heart defect screening in newborns
- Psychosocial/behavioral assessment up to age 21
- Alcohol and drug misuse assessment
- Education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents
- Hematocrit or hemoglobin (anemia) screening
- Lead screening
- Tuberculin test
- Dyslipidemia screening
- HIV screening in non-pregnant adolescents
- Sexually Transmitted Infection (STI) screening and counseling for sexually active adolescents (including syphilis and HIV screening)
- Cervical dysplasia screening for sexually active females
- Oral Health risk assessment
- Application of fluoride varnish (by Physician) to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices, to prevent dental caries. Fluoride supplementation if needed
- Hepatitis B screening in non-pregnant adolescents
- Skin Cancer counseling for children, adolescents, and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer
- Screening and counseling for interpersonal and domestic violence (for women and adolescents)

Child and Adolescent Preventive Care Guidelines—Immunizations

Immunizations Child and Adolescent Schedule (Doses, recommended ages, and recommended populations vary; go to www.cdc.gov/vaccines/schedules/index.html for current vaccination schedules)
Tdap (Tetanus-Diphtheria-Pertussis)
Hepatitis A
Hepatitis B
Haemophilus influenzae type B (Hib)
Human papillomavirus (HPV)
Inactivated Poliovirus
Influenza (flu)
Measles, Mumps, Rubella (MMR)
Meningococcal
Pneumococcal (polysaccharide)
Rotavirus
Varicella (chickenpox)

The following Preventive Care drugs are covered with no cost sharing if a prescription from your Physician is received. Quantity limits apply.

Preventive Care Drugs and Supplies	Coverage Available
Aspirin	Generic OTC aspirin (1 bottle of 100 tablets every 3 months) <ul style="list-style-type: none"> • Preeclampsia prevention for pregnant women who are at high risk for preeclampsia (a pregnancy complication). • Low-dose aspirin use for the primary prevention of cardiovascular disease and colorectal cancer in adults aged 50 to 59 years who have a 10% or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.
Folic acid supplementation	Generic OTC folic acid supplements for women <55 years of age
FDA approved contraceptives for women	Generic FDA approved contraceptives for females (or brand drug if generic is medically inappropriate) subject to quantity limits.
Fluoride supplements	Generic OTC fluoride supplements for ages 6 months to 6 years
Preparation (“prep”) products for colon cancer screening test	Colon cancer screening prep products are available at no charge with a prescription.
Tobacco cessation products	All FDA-approved generic tobacco cessation medications (including both prescription and over-the-counter medications) for two 90-day treatment regimens annually. Also, we strongly encourage you to contact the EMAP vendor to receive concurrent counseling to ensure your success.
Breast Cancer preventive medication (e.g. Tamoxifen or Raloxifene)	For women at increased risk for breast cancer and at low risk for adverse medication effects.
Statin preventive medication	Adults ages 40-75 years with: no history of cardiovascular disease (CVD), 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater (Brand statins are payable only if a generic alternative is medically inappropriate)