

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 care is provided.

The Plan's preventive care guidelines have been modified and expanded to 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 information **does not** apply to Participants and dependents enrolled in an HMO. If you are an HMO Participant, please contact your HMO for a list of preventive care services covered under your plan.)*

NOTE: The recommendations of the U.S. Preventive Services Taskforce and the American Academy of Family Physicians were used by the Board of Trustees to establish coverage for preventive care services under the Indemnity PPO Medical Plan.

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.

This notice 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 network provider. If your doctor believes you or a covered dependent is at high risk for a certain disease or condition that requires more frequent screenings, your doctor will determine additional screening frequency. Additional screenings (beyond the frequency shown 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).
- 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.

UFCW Northern California & Drug Employers Health And Welfare Trust Fund 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 physical exam	Annually							
Routine immunizations								
• Diphtheria, tetanus, pertussis	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 immuno-compromised)	Not covered						
• Human papillomavirus (HPV) (<i>women</i>)	Covered through age 21	For women 30 and older with normal Pap smear results, once every 3 years						
• Influenza (flu)	Covered annually							Covered annually—either the standard-dose TIV or the high-dose TIV vaccine (Fluzone 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	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							

UFCW NORTHERN CALIFORNIA AND DRUG EMPLOYERS HEALTH AND WELFARE TRUST FUND

Preventive Care	Frequency, Based on Age							
	18 – 25	26 – 34	35 – 39	40 – 44	45 – 49	50 – 59	60 – 64	65+
• Pneumococcal (flu)	Covered only for individuals who have chronic illness or risk factors							Covered
• Tdap (Tetanus-Diphtheria-Pertussis)	Covered							
• Varicella (chickenpox)	Covered							
Preventive Care Services								
Alcohol misuse screening and counseling	2 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 BCRA 1 or 2 genetic tests	Covered for women at high risk (BRCA testing covered once per lifetime)							
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 tamoxifene or raloxifene for women at increased risk of breast cancer.							
Clinical breast exam (women only). This is the exam that your physician does during your physical exam.	Not covered			1 exam every 1 – 2 years. Additional exams may be needed depending on individual risk (including family history)				
Mammogram (<i>women only</i>)	Not covered			1 every 1 – 2 years. Additional exams may be needed, depending on individual risk (including family history)				
Chlamydia screening (<i>women only</i>)	1 screening annually for sexually active women age 24 or younger. For women age 25 and older, annually if at high risk.							
Screening and Counseling for interpersonal and domestic violence (women only).	Covered as part of a well woman visit							
Colorectal cancer screening (fecal occult blood test)	Not covered					Annually		
Colorectal cancer screening (sigmoidoscopy or screening colonoscopy)	Not covered					1 every 5 years (including removal of polyps, pathology exam and anesthesia)		

UFCW NORTHERN CALIFORNIA AND DRUG EMPLOYERS HEALTH AND WELFARE TRUST FUND

Preventive Care	Frequency, Based on Age							
	18 – 25	26 – 34	35 – 39	40 – 44	45 – 49	50 – 59	60 – 64	65+
Counseling for aspirin use to prevent cardiovascular disease	Annually, during routine physical exam or primary care physician office visit							
Depression screening	1 screening per calendar year during routine physical exam or primary care physician office visit							
Diabetes screening (Type 2)	Every 3 years beginning at age 45 (earlier if at increased risk for heart disease due to hyperlipidemia or for people with high blood pressure)							
Diet counseling	Maximum of 1 cycle (up to 4 visits) of dietary counseling sessions per calendar year if provided by a licensed nutritionist or dietician and recommended by a provider based on patient's risk factors							
Gonorrhea screening (only)	1 screening annually for sexually active women age 24 or younger. For women age 25 and older, annually if at high risk.							
Hearing screening	Not covered						Annually, with routine physical exam	
HIV screening	Maximum of 2 screenings per calendar year							Maximum of 2 screenings per year if at high risk
Hypertension (blood pressure) screening	Annually, with routine physical exam (not payable separately)							
Lipoprotein panel (cholesterol) screening (women)	Start before age 45 if other coronary risk factors (Maximum of one screening every 5 years)				Every 5 years			
Lipoprotein panel (cholesterol) screening (men)	Start before age 35 if other coronary risk factors (maximum of one screening every 5 years)		Every 5 years					
Obesity screening/counseling	Maximum of 1 Body Mass Index (BMI) screening per calendar year. For adults who are overweight or obese (BMI of 30 kg/m2 or higher), intensive behavioral counseling to promote sustained weight loss.							
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)	Annually							
Prostate cancer screening/ digital rectal exam (men only)	Annually							
Sexually transmitted infection (STI) prevention counseling	Maximum of 1 counseling session per calendar year							

UFCW NORTHERN CALIFORNIA AND DRUG EMPLOYERS HEALTH AND WELFARE TRUST FUND

Preventive Care	Frequency, Based on Age							
	18 – 25	26 – 34	35 – 39	40 – 44	45 – 49	50 – 59	60 – 64	65+
Syphilis screening for adults at higher risk	Maximum of 1 screening per calendar year							
Tobacco use screening and tobacco cessation intervention	Maximum of 2 cessation interventions per calendar year (to include up to four tobacco-cessation counseling sessions). We strongly encourage you to contact your EMAP provider to receive concurrent counseling to ensure your success.							
Tuberculosis screening for adults at increased risk	Maximum of 1 screening per calendar year							
Vision screening	Not covered						Maximum of 1 screening per calendar year	
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 for adults over age 55 with a history of smoking		
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
Anemia screening (routine)	1 per pregnancy if coded as “preventive care”
Bacteriuria (presence of bacteria in urine) urinary tract or other infection screening	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, one per pregnancy.
Gestational diabetes screening in pregnant women with no symptoms	1 screening between 24 and 28 weeks’ gestation and at the first prenatal visit for pregnant women identified to be at risk for diabetes.
Chlamydia infection screening	1 per pregnancy
Folic acid supplement counseling	Coverage provided for counseling. (folic acid supplements covered with a prescription).
Gonorrhea screening	2 per pregnancy
Hepatitis B screening	1 per pregnancy
Rh incompatibility screening	Maximum of 2 screening per pregnancy 1 at first prenatal visit; 1 at 24 - 28 weeks of gestation
Tobacco use screening and interventions	2 per pregnancy
Syphilis screening	1 per pregnancy

Preventive Care during Infancy, Early Childhood, Middle Childhood and Adolescence (not all services below are covered for all children at all ages, for guidelines for preventive care coverage for specific services and age groups go to http://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf for current recommendations and 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:

- Length/height and weight
- Head circumference
- Weight for length
- Body Mass Index (BMI)
- 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
- Developmental surveillance
- Psychosocial/behavioral assessment up to age 21
- Alcohol and drug use assessment
- Newborn metabolic/hemoglobin screening
- Immunization
- Hematocrit or hemoglobin
- Lead screening
- Tuberculin test
- Dyslipidemia screening
- Sexually Transmitted Infection (STI) screening and counseling for sexually active adolescents
- Cervical dysplasia screening at age 21
- Oral Health risk assessment

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)

Child and Adolescent Preventive Care Guidelines—Additional Services

Preventive Care	Frequency
Chemoprevention of dental caries: preschool children older than age 6 months	Coverage provided for counseling during a routine physical exam or a primary care physician office visit.
Depression screening for adolescents	1 screening per calendar year during a routine physical exam or a primary care physician office visit
HIV screening	Maximum of 2 screenings per calendar year
Iron supplements for children ages 6 to 12 months	Allow iron supplements if the preparations require a prescription.
Newborn screening and medication provided during hospital confinement for birth: <ul style="list-style-type: none"> • Congenital hypothyroidism screening • Sickle cell screenings • Hearing screening • Hemoglobinopathies of sickle cell screening • Gonorrhea preventive medication for the eyes • Phenylketonuria (PKU) screening 	Covered at 100%
Prophylactic ocular topical medication for prevention of gonorrhea	Covered as part of newborn services performed at birth and part of the hospital delivery bill
Counseling for children ages 10-24 years who have fair skin about minimizing exposure to ultraviolet radiation to reduce risk for skin cancer	1 counseling session per calendar year during a routine physical exam or a primary care physician office visit
Tobacco education or brief counseling to prevent initiation of tobacco use in school-aged children	1 counseling session per calendar year during a routine physical exam or a primary care physician office visit
Obesity screening and counseling	Maximum of 1 Body Mass Index (BMI) screening per calendar year
Sexually transmitted infection (STI) counseling	1 counseling session per calendar year during a routine physical exam or a primary care physician office visit
Vision screening	1 screening per calendar year during a routine physical exam or a primary care physician office visit
Application of fluoride varnish to the primary teeth	Covered for infants and children to age 5.
Hepatitis B Screening	Covered for adolescents at high risk for infection

The following Over-the-Counter (OTC) drugs are covered with no cost sharing if a prescription from your Physician is received. Quantity limits apply.

Over the Counter Drug	Coverage Available
Aspirin	Generic OTC aspirin (1 bottle of 100 tablets every 3 months) for members over 44 years of age. Also, low dose OTC aspirin for women after 12 weeks of gestation who are at high risk for preeclampsia.
Folic acid supplementation	Generic OTC folic acid supplements for women <55 years of age
Over-the-Counter contraceptives for women (such as spermicidal products and sponges)	OTC contraceptives for women (subject to quantity limits).
Fluoride supplements	Generic OTC fluoride supplements for ages 6 months to 6 years
Iron supplements	Prescription and OTC iron supplements for children ages 6 months to 12 months.
Vitamin D supplements	OTC supplements for participants over age 65
Preparation 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.