



**A SUPPLEMENT TO THE
INDEMNITY PPO MEDICAL
PLAN PREVENTIVE CARE
GUIDELINES**

UFCW & Employers Benefit Trust

GET THE MOST FROM YOUR PREVENTIVE CARE BENEFITS



A FEW EXAMPLES OF COVERED PREVENTIVE CARE SERVICES:

- Wellness visits and standard immunizations;
- Screenings for blood pressure, cancer, cholesterol, depression, obesity, and Type 2 diabetes; and
- Pediatric screenings for hearing, vision, autism and developmental disorders, depression, and obesity.

The Indemnity PPO Medical Plan offers 100% coverage for many routine preventive care services. To ensure you pay nothing out of your pocket for preventive care, you and your covered dependents need to:

- Receive preventive care services from a **PPO network provider, and**
- Make sure the services you receive fall within the **Plan's Preventive Care Guidelines**—summarized on the following pages.

Review this brochure to better understand what's covered, what to ask your doctor, and what you may pay for care. If you have questions, contact the Trust Fund Office at **(800) 552-2400**.

What are the Plan's Preventive Care Guidelines?

You may have heard that health care laws require health plans to cover preventive care provided by a PPO provider at 100%. However, a question your Trust Fund Office often hears is, *"How do I know what is considered preventive care?"*

The idea behind preventive care is to help you **not** get sick in the first place! Preventive care includes certain health screenings, annual check-ups, and health counseling that can help you stay healthy, understand if you are at risk for health conditions, and catch potentially serious health conditions early-on. Also, preventive care includes certain immunizations, like a flu shot or childhood vaccinations, which can help you and your family members from getting a serious illness.

Is there ever a chance you might have to pay for preventive care services?

Many preventive services are covered at 100%, but in some cases you may be asked to pay for the services you receive. If so, your normal member cost-sharing apply (e.g., through copayments, coinsurance, and the Plan's deductible).

Here are a few pointers on seeking preventive care services and avoiding or managing unexpected costs.



KNOW BEFORE YOU GO.

- Only the routine preventive care services, screenings, and exams described under the Plan's Preventive Care Guidelines are covered at 100%.
- You must receive your preventive care from a PPO network provider. For example, UEBT Active Plan members must visit a doctor or health care professional who is a member of the **Blue Shield of California Provider Network**.
- You pay nothing out of pocket when you meet these requirements—so make sure you know what's covered and verify your provider's network affiliation. When in doubt, contact the Trust Fund Office at **(800) 552-2400**.



SOMETHING MORE SERIOUS? CONFIRM YOUR FOLLOW UPS ARE MEDICALLY NECESSARY.

- If a preventive screening uncovers something that could be serious, your doctor may order additional tests, schedule a follow up visit, or refer you to a specialist.
- When medically necessary, the additional services will be subject to the Plan's normal cost-sharing.



UNDERSTAND THAT NOT EVERY HEALTH CARE SERVICE IS "PREVENTIVE."

- If you see a doctor to diagnose, monitor, or treat an illness or injury (e.g., you need treatment for the flu or need ongoing care and counseling for diabetes), the services are **not** considered preventive care.
- In these cases, when medically necessary, the Plan's normal cost-sharing would apply.



KNOW THE LIMITS WITHIN THE PREVENTIVE CARE GUIDELINES.

- Be sure to understand the limits on the types and frequency of preventive services you can receive with no out of pocket cost. (For example, a routine physical exam may be covered at 100% once every calendar year, or certain services may only be covered after age 40.)
- However, your doctor may determine you need a screening before/after the age specified in the Preventive Care Guidelines or that you require more frequent screenings than allowed under the Guidelines.
- In these situations, when medically necessary, the Plan's normal cost-sharing would apply.



YOUR HEALTH CARE PROVIDER'S BILLING PRACTICES MAY AFFECT YOUR COVERAGE LEVEL! BE SURE TO ASK HOW THEY'LL BILL THE PLAN.

- If a preventive service is billed as a part of the office visit, and the office visit is primarily for the purpose of providing preventive services, the Plan pays 100%.
 - If a preventive service is billed separately from an office visit, the office visit and that service may be subject to the Plan's normal cost-sharing and may be paid at less than 100%.
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Get all of the details!

Refer to the Plan's Preventive Care Guidelines to see the services covered at 100%. You can view a copy on your Trust Fund's website (UFCWTrust.com) or call the Trust Fund Office at **(800) 552-2400** to request a copy.

It's always a good idea to review your Summary Plan Description (available through your Trust Fund's website—UFCWTrust.com) or check with the Trust Fund Office before your appointment to find out what services will be covered. It's also important to make sure you and your doctor are on the same page. You should discuss the services your doctor will provide during your appointment and ask how those services will be billed to the Plan.



This document provides 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.