

Preventive Care Coverage

¢

STAYING WELL

Wondering what preventive care your plan covers?

Our plans cover the kind of services that:

- Screen for serious conditions
- Prevent infectious diseases
- Help you stay well



WHAT YOU NEED TO KNOW **ABOUT PREVENTIVE CARE**

The federal health care reform law passed in 2010 requires insurers to cover specific preventive care services. We support that initiative. In fact, our plans already covered many preventive care services, as we have long believed that preventive care and early detection are key to the long-term health and well-being of our members.

This brochure explains who's eligible for preventive care and shows which services are available to you and the family members covered by your plan.

Who's eligible for these preventive services? To be eligible for these preventive services, you must first be covered by an active Regence policy.

Benefits for federally required preventive services may not be available to members covered by "grandfathered" policies or retiree-only plans. Contact Customer Service by calling the phone number located on the back of your member card or use the Live Help chat feature on regence.com for more information.

Do preventive services require pre-authorization?

What preventive services are covered?

Regence follows government guidelines to determine which preventive services we cover.¹

These guidelines are updated periodically to reflect new scientific and medical advances. Also, current services could be revised and may have limitations. Benefits are subject to change. New recommendations must be implemented no later than the first plan or policy year that is at least one year after the recommendation's publication.

You can learn more details about these services at healthcare.gov, including recommended child and adolescent immunization schedules.

Your provider may order preventive services that are outside of the recommended government guidelines that Regence follows and may result in out-of-pocket costs for you.

What is the coinsurance/copay for these preventive services?

The services listed in this brochure will be paid at 100% (no deductible, coinsurance or copays) when you see preferred (Category 1), participating (Category 2) or in-network providers. Deductibles and/or coinsurance may apply when you see non-participating (Category 3) or out-of-network providers.

1. Evidence-based preventive guidelines are developed and validated by the following government entities: United States Preventive Services Task Force (USPSTF), Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC), and Health Resources and Services Administration (HRSA).

Yes. Some services require pre-authorization and must meet medical necessity criteria.



Hepatitis B

COVERED PREVENTIVE SERVICES

 \checkmark \checkmark

 \checkmark

Health screenings, counseling Suggested guidelines and services for: Adult abdominal aortic aneurysm Screening is covered once per lifetime for men age 65 and over if they have ~ ever smoked. Alcohol misuse Screening and behavioral counseling intervention covered for adults age 18 and older. Anemia (iron deficiency) Screening covered up to age 21, and pregnant women. Bacteriuria (urinary tract infection) Screening for asymptomatic pregnant women. Screening covered for adults age 18 and older. Blood pressure Breast cancer Screening for women age 40 and older and those at increased risk. Mammograms only. Breast cancer chemoprevention Counseling for women at increased risk. Breastfeeding equipment Manual and electric breastfeeding pumps are covered when purchased or rented from a licensed provider. Hospital-grade pumps are not covered. Breastfeeding - lactation support and Lactation support and counseling are covered when provided by a counseling licensed provider. \checkmark \checkmark Breastfeeding supplies Initial breastfeeding supplies provided with a breastfeeding pump. Cardiovascular disease and prevention Intensive behavioral counseling interventions to promote a healthful diet and physical activity for cardiovascular disease prevention for adults age 18 and older who are overweight or obese with cardiovascular disease risk factors. \checkmark Cervical cancer Screening for sexually active women. Chlamydia infection Screening for infection. ~ Screening for men age 35 and older and men ages 20-35 who are at increased risk for Cholesterol coronary heart disease. Screening for women age **45** and older and those **20-45** who \checkmark ~ are at increased risk for coronary heart disease. Colorectal cancer Screening for those age **50** and older, once every 5 years for a sigmoidoscopy and every 10 years for a colonoscopy, fecal occult blood testing annually. Congenital hypothyroidism Screening for newborns. ~ Contraceptive education and training Education and training on contraceptive methods. See Note 1. Contraceptive devices - implants, cervical Generic contraceptive devices are covered. When no generic exists, a brand is covered. caps, intrauterine devices (IUDs), dia-If a generic becomes available, the brand will no longer be covered under Preventive Care. See Note 1. phragms Depression screening Screening during wellness exams. Diabetes (Type 2) Screening for adults with sustained high blood pressure. ... Diabetes (Gestational) Screening for pregnant women after 24 weeks of gestation and the first pre-natal visit for pregnant women at high risk for diabetes. Diet behavioral counseling Counseling for adults with hyperlipidemia and other risk factors. \checkmark \checkmark Fluoride treatment Application of fluoride varnish to the primary teeth by a primary care clinician for all infants and children starting at the age of primary tooth eruption up to age 5 years. Genetic risk assessment and BRCA For women with family risk of breast, ovarian, tubal and peritoneal cancer. BRCA testing (breast cancer susceptibility) mutation requires pre-authorization and must meet medical necessity criteria. \checkmark counseling and testing Gonorrhea medication Preventive medication for the eyes of newborns. \checkmark \checkmark \checkmark \checkmark Gonorrhea screening Screening for males up to age 21 and all females. One screening in the first year of life for newborns. Hearing

Screening for those at increased risk for infection and pregnant women

COVERED P	REVENTIVE SERVICES	Men	Women	Pregnant Wom	Children (0-17)
Hepatitis C	Screening for those at increased risk, and a one-time screening for adults born between 1945 and 1965.	~	~		~
HIV	Screening for adolescents and adults ages 15 to 65 years, and younger adolescents and older adults who are at increased risk. Also includes all pregnant women, including those who present in labor who are untested and whose HIV status is unknown.	~	~	~	~
HPV	Screening for women from age 30 , every 3 years.		\checkmark		
Interpersonal and domestic violence	Screening and counseling during wellness exams.		\checkmark		
Lead screening	Screening up to age 21 .	✓	\checkmark		✓
Lung cancer screening	Annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. LDCT screening requires pre-authorization and must meet medical necessity criteria.	~	~		
Metabolic screening	Screening up to age 2 months.				✓
Obesity	Screening and (if obese) counseling age 6 and older.	\checkmark	\checkmark		✓
Oral health	Risk assessment for preschool children.				✓
Osteoporosis	Screening for women age 65 and older and all women at increased risk.		\checkmark		
Phenylketonuria (PKU)	Newborn screening for genetic disorders.				✓
Prevention of falls	Physical therapy for adults age 65 or older residing independently in the community who are at increased risk for falls.	~	~		
RH(D) incompatibility	Screening for pregnant women.			✓	
Sexually transmitted infection (STI)	Counseling during wellness exams.	\checkmark	\checkmark		✓
Sickle cell	Screening for children up to 12 months old.				✓
Skin cancer	Counseling for children, adolescents and young adults ages 10 to 24 .	✓	\checkmark		✓
Sterilization	Sterilization is covered. See Note 1.		\checkmark		
Syphilis	Screening for those at increased risk and those up to age 21 ; also includes pregnant women.	✓	~	~	~
Tobacco use	Counseling and interventions. Does not include programs or classes. See also "Tobacco use" below.	~	~	✓	~
Tuberculosis	Skin test for children.				✓
Vision	Screening for children age 3 up to age 5 .				✓
Immunization vaccines - please consult your physician for frequency					
Diphtheria, pertussis, tetanus (DPT)		\checkmark	\checkmark		\checkmark
Haemophilus influenzae type b (Hib)					✓
Hepatitis A		\checkmark	\checkmark		✓
Hepatitis B		\checkmark	\checkmark		\checkmark
Herpes zoster (shingles)	Age 60 and older.	\checkmark	\checkmark		
Human papillomavirus (HPV)	Up to age 27 .	\checkmark	\checkmark		~
Inactivated poliovirus					~
Influenza		\checkmark	\checkmark		✓
Measles, mumps, rubella (MMR)		\checkmark	\checkmark		✓
Meningococcal		\checkmark	\checkmark		~
Pneumococcal		\checkmark	\checkmark		✓
Rotavirus					✓
Varicella		~	\checkmark		~



COVERED PREVENTIVE SERVICES



Prescription medications

Only the types of prescription medications listed below are covered under Preventive Care. Medications require a prescription.

Get the most value for your health care dollar with preferred medications. Learn more at OmedaRx.com/Member.

Aspirin use for the prevention of cardiovascular disease	For men age 45-79 and women age 55-79 .	~	~					
Aspirin use (low-dose) for the prevention of preeclampsia	For women after 12 weeks of gestation who are at high risk for preeclampsia.			~				
Breast cancer medications	Risk-reducing breast cancer medications for asymptomatic women aged ${\bf 35}$ years or older.		~					
Contraceptive injectables	Generic contraceptive injectables. See Note 1.		\checkmark		\checkmark			
Contraceptive pills	Generic contraceptive pills. See Note 1.		\checkmark		\checkmark			
Contraceptive products-topical	Diaphragms and patches. See Notes 1 and 2.		\checkmark		\checkmark			
Emergency contraceptive products	Generic contraceptive pills. See Notes 1 and 2.		\checkmark		\checkmark			
Fluoride supplements	For children 6 months through age 6 without sufficient fluoride				\checkmark			
Folic acid supplements	For all women planning or capable of pregnancy.		\checkmark	\checkmark				
Iron supplements	For children age 6-12 months at increased risk - drops only.				\checkmark			
Tobacco use	Refer to OmedaRx.com/Member for a list of covered over-the-counter medications.	\checkmark	\checkmark					
Vitamin D supplement	For adults age 65 or older residing independently in the community who are at increased risk for falls.	~	✓					
Wellness exams	Suggested guidelines							
Well-child exams	For children through 17 years of age.				\checkmark			
Annual physical exams	Ages 18 and over.	✓	\checkmark					

Notes:

1. This benefit may not be available to members of groups who have applied for a religious exemption from contraceptive coverage.

2. When no generic exists in the medication category, a formulary brand is covered.



QUESTIONS?

Have questions? Call the Customer Service number on the back of your member card or go to the "Contact Us" link at regence.com.

