

Preventive Services Reference Guide for Members – 2018

Together with Children's Community Health Plan (CCHP) covers many preventive services at no cost to you, including screening tests and immunizations in accordance with the Patient Protection and Affordable Care Act of 2010 (ACA).

Below is a list of services that should be covered without a copayment or applying to your deductible or coinsurance, as long as the services are recommended as preventive by your doctor and are delivered by an in-network provider.

Please be aware that this list may be amended from time to time to comply with federal requirements.

A complete listing of recommendations and guidelines can always be found at

www.HealthCare.gov/center/regulations/prevention.html.

Sometimes a routine preventive exam may result in a specific diagnosis from your doctor or the need for additional follow-up care. If you require follow-up care or if you're being treated for injury or illness, those additional services may not be covered at 100 percent. If you have any questions, call Customer Service at 1-844-201-4672.

Under some plans that are "grandfathered" under the Affordable Care Act, you may have to pay all or part of the cost of routine preventive services. Please refer to your specific Schedule of Benefits.

Covered Preventive Services for Adults

1. **Abdominal Aortic Aneurysm** – One-time screening for men of specified ages who have ever smoked
2. **Alcohol Misuse Screening and Counseling**
3. **Aspirin** – Used to prevent cardiovascular disease for men and women of certain ages
4. **Blood Pressure Screening**
5. **Cholesterol Screening** – For adults of certain ages or at higher risk
6. **Colorectal Cancer Screening** – For adults over age 50
7. **Depression Screening**
8. **Diabetes (Type 2) Screening** – For adults with high blood pressure
9. **Diet Counseling** – For adults at higher risk for chronic disease
10. **Falls Prevention** – Exercise or physical therapy and vitamin D supplementation to prevent falls in community-dwelling adults ages 65 and older who are at increased risk for falls
11. **Hepatitis B Screening** – For non-pregnant adults at high risk for infection
12. **Hepatitis C Screening** – For adults at a higher risk and a one-time screening for all adults born 1945 through 1965
13. **HIV Screening** – For everyone ages 15 to 65, and others at an increased risk
14. **Immunization vaccines for adults** — doses, recommended ages, and recommended populations vary:
 - Hepatitis A*
 - Hepatitis B*
 - Herpes Zoster*
 - Human Papillomavirus (HPV)*
 - Influenza (flu shot)*
 - Measles, Mumps, Rubella (MMR)*
 - Meningococcal*
 - Pneumococcal*
 - Tetanus, diphtheria, pertussis (Td/Tdap)*
 - Varicella (Chickenpox)*
15. **Lung Cancer Screening** – For adults ages 55 to 80 at high risk for lung cancer smokers or have quit in the past 15 years
16. **Obesity Screening and Counseling**
17. **Sexually Transmitted Infection (STI) prevention Counseling** – For adults at higher risk
18. **Syphilis Screening** – For adults at a higher risk
19. **Tobacco Use Screening and Interventions for tobacco users**

*Covered by the Vaccine Injury Compensation Program.

Covered Preventive Services for Women and Women who may become pregnant

1. **Anemia Screening** – On a routine basis for pregnant women
2. **Breast Cancer Genetic Test Counseling (BRCA)** – For women who are at a higher risk for breast cancer
3. **Breast Cancer Mammography Screenings** – Every one to two years for women over age 40. 3D Mammograms are not covered services.
4. **Breast Cancer Chemoprevention counseling** – For women at higher risk
5. **Breastfeeding Comprehensive Support and Counseling** – From trained providers, and access to breastfeeding supplies for pregnant and nursing women
6. **Cervical Cancer Screening** – Pap test every three years for members ages 21 to 65.
7. **Chlamydia Screening** – For all pregnant members ages 24 and younger and older pregnant members who are at an increased risk
8. **Contraception¹** – Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs)
9. **Domestic and Interpersonal Violence Screening and Counseling**
10. **Folic Acid Supplements** – For women who may become pregnant
11. **Gestational Diabetes Screening** – For women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
12. **Gonorrhea Screening** – For all women at higher risk
13. **Hepatitis B Screening** – For pregnant women at their first prenatal visit
14. **Human Immunodeficiency Virus (HIV) Screening and Counseling** – For sexually active women
15. **Human Papillomavirus (HPV) DNA Test** – Every three years for women with normal cytology results who are age 30 or older
16. **Low-dose Aspirin** – Use as a preventive medication for pregnant woman who are high risk for pre-eclampsia (after 12 weeks of gestation)
17. **Osteoporosis Screening** – For women age 60 depending on risk factors
18. **Rh Incompatibility Screening** – For all pregnant women and follow-up testing for women at higher risk
19. **Sexually Transmitted Infections (STIs) Counseling** – For sexually active women
20. **Syphilis Screening** – For all pregnant women or other women at increased risk
21. **Tobacco Use Screening and interventions** – For all women and **expanded counseling** for pregnant tobacco users
22. **Urinary Tract or other Infection Screening for Asymptomatic Bacteriuria** – At 12-16 weeks gestation or at first prenatal visit, if later, of pregnant members
23. **Well-woman Visits** – recommended services for women under age 65

¹Member must have pharmacy benefits through Together with CCHP. Prescription required. Preventive coverage of prescription drugs is limited to generics unless a medical exception is authorized or for certain contraceptive categories where generics are not available. Preventive coverage of contraception includes at least one medication or device in each of the U.S. Food and Drug Administration identified methods. Some devices are only covered under the medical benefit. For questions about preventive coverage of contraceptives or other prescription drugs, please contact our Customer Service at the number listed on the back of your member ID card.

Covered Preventive Services for Children

1. **Alcohol and Drug Use Assessments** – For adolescents
2. **Autism Screening** – For children at 18 and 24 months
3. **Behavioral Assessments** – For children ages 0 to 17
4. **Blood Pressure Screening** – For children ages 0 to 17
5. **Cervical Dysplasia Screening** – For sexually active females
6. **Congenital Hypothyroidism Screening** – For newborns
7. **Depression Screening and Counseling** – For adolescents ages 12 to 18 years
8. **Developmental Screening** – For children under age 3
9. **Dyslipidemia Screening** – For children ages 1 to 17 at higher risk of lipid disorders
10. **Fluoride Varnish** – to the primary teeth of all infants and children starting at the age of primary tooth eruption
11. **Fluoride Supplements²** – For children starting at age 6 months without fluoride in their water source
12. **Gonorrhea Preventive Medication** – For the eyes of all newborns
13. **Hearing Screening** – For all newborns
14. **Height, Weight and Body Mass Index measurements** – For children ages 0 to 17
15. **Hematocrit or Hemoglobin Screening** – For children
16. **Hemoglobinopathies or Sickle Cell Screening** – For newborns
17. **Hepatitis B Screening** – For non-pregnant adolescents at high risk for infection
18. **HIV Screening** – For adolescents at higher risk
19. **Immunization Vaccines for children from birth to age 18** — Doses, recommended ages, and recommended populations vary:
 - Diphtheria, Tetanus, Pertussis
 - Haemophilus influenzae type b
 - Hepatitis A
 - Hepatitis B
 - Human Papillomavirus
 - Inactivated Poliovirus
 - Influenza (Flu Shot)
 - Measles, Mumps, Rubella
 - Meningococcal
 - Pneumococcal
 - Rotavirus
 - Varicella
20. **Iron Supplements²** – For children ages 6 to 12 months at risk for anemia
21. **Lead Screening** – For children at risk of exposure
22. **Medical History** – For all children throughout development ages 0 to 17

Covered Preventive Services for Children (cont.)

23. **Obesity Screening and Counseling**
24. **Oral Health Risk Assessment** – For young children ages 0 to 10
25. **Phenylketonuria (PKU) Screening** – For this genetic disorder in newborns
26. **Sexually Transmitted Infection (STI) Prevention Counseling and Screening** – For adolescents at higher risk
27. **Skin Cancer Screening** – For children, adolescents and young adults ages 10 to 24 who have fair skin
28. **Tobacco Use Screening and Education** – For school-aged children and adolescents
29. **Tuberculin Testing** – For children at higher risk of tuberculosis ages 0 to 17
30. **Vision Screening** – For all children

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