

Indemnity PPO Medical Plan Preventive Care Guidelines 2019

The District Council 16 Northern California Health and Welfare Trust Fund Medical Plan offers 100% coverage for many routine preventive care services for you and your covered dependents when care is received from a PPO¹ network provider.

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") as of January 1, 2019. 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 the Kaiser HMO. If you are enrolled in Kaiser, 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, 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 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 provider. If your doctor believes you or a covered dependent is at high risk for a certain disease or condition, your doctor may determine additional screenings are needed. 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.

¹ If you are participating in the Blue Cross Advantage Network (APPO) Plan, you and all your covered family members must use Anthem Blue Cross "Advantage Network" PPO Providers. Be sure to verify your provider's participation in the APPO network. If you use a non-Advantage provider (even if that provider is part of the broader Anthem PPO network), Non-PPO Provider coverage will apply and your preventive services will NOT be covered by the Plan at 100%.

DISTRICT COUNCIL 16 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+
Abdominal aortic aneurysm screening (<i>men only</i>)	Not covered							A one-time screening for current or former smokers age 65 – 75
Alcohol misuse screening and counseling	Screening and counseling during routine physical exam or primary care physician office visit							
BRCA counseling about genetic testing plus BCRA 1 or 2 genetic tests	Covered for women with family history screening results associated with increased risk for harmful breast cancer genes (as determined by your health care provider)							
Breast cancer chemoprevention	Fund will cover counseling and risk reducing medications such as tamoxifen or raloxifene for women at increased risk of breast cancer (as determined by your health care provider).							
Cervical cancer screening (pap smear/HPV testing with pelvic exam) (<i>women only</i>)	Screening for cervical cancer in women ages 21 to 29 years with cytology (Pap smear) every 3 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.						
Chlamydia screening (<i>women only</i>)	Covered for sexually active women age 24 or younger. For women age 25 and older, covered if at increased risk (as determined by your health care provider).							
Colorectal cancer screening (fecal occult blood testing, sigmoidoscopy or screening colonoscopy)	Not covered					Covered (including removal of polyps, pathology exam and anesthesia) until age 75		
Contraceptive education and counseling, sterilization procedures (<i>women only</i>)	Covers all FDA -approved contraceptive methods, sterilization procedures, patient education and counseling, as prescribed by a health care provider for women with reproductive capacity, follow up and management of side effects, counseling for continued adherence and device removal. Unless medically inappropriate, only generic drugs are covered.							
Depression screening	Covered during routine physical exam or primary care physician office visit							
Diabetes screening (Type 2)	Not covered			Covered for adults ages 40 to 70 who are overweight or obese.				
Diet counseling	Diet counseling provided for adults at higher risk (as determined by your health care provider) for chronic disease.							

District Council 16 Northern California 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+
Exercise or physical therapy to prevent falls	Not covered							For adults in community dwellings at risk (as determined by your health care provider) for falls.
Gonorrhea screening (<i>women only</i>)	As part of a well woman visit, covered for sexually active women age 24 or younger. For women age 25 and older, covered if at increased risk (as determined by your health care provider).							
Hepatitis B screening	Covered for high risk (as determined by your health care provider) adults							
Hepatitis C Screening	Covered for high risk (as determined by your health care provider) adults; and one-time screening for all other adults born between 1945-1965.							
HIV screening and Counseling	Covered							
Hypertension (blood pressure) screening	Covered							
Lipoprotein panel (cholesterol screening)	Not covered			Covered for adults aged 40 to 75 years				
Low to moderate dose statin use	Not covered			For adults aged 40 to 75 years without a history of cardiovascular disease (CVD) for the prevention of CVD events if they have certain risk factors (as determined by your health care provider)				
Lung cancer screening	Not covered					Annual screening with low dose computed tomography for adults aged 55 to 80 years with a 30 pack/year history of smoking and currently smoke or who have quit within the past 15 years.		
Mammogram (<i>women only</i>)	Not covered			1 every 1 – 2 years for Women ages 40 and older. Additional exams may be needed, depending on individual risk (as determined by your health care provider including family history).				
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.							
Osteoporosis screening (<i>women only</i>)	Covered if at increased risk (as determined by your health care provider).							Covered
Screening and Counseling for domestic violence (<i>women only</i>).	Covered for women as part of a well woman visit							

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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+
Sexually transmitted infection (STI) prevention counseling	Covered for those at increased risk (as determined by your health care provider)							
Syphilis screening	Covered for adults at higher risk (as determined by your health care provider)							
Tobacco use screening and tobacco cessation intervention	Maximum of 2 cessation interventions per calendar year (to include behavioral interventions and up to four tobacco-cessation counseling sessions).							
Tuberculosis screening	Covered annually for those at increased risk (as determined by your health care provider)							
Well woman 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							

Additional Adult Preventive Care Guidelines for Pregnant Women

Preventive Care	Frequency
Bacteriuria (presence of bacteria in urine) urinary tract or other infection screening	Covered at 12 to 16 weeks' gestation or at first prenatal visit, if later.
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.
Depression screening	For pregnant and postpartum women
Gestational diabetes screening in pregnant women	Screening between 24 and 28 weeks' gestation for asymptomatic women, also at the first prenatal visit for pregnant women at risk for diabetes (as determined by your health care provider).
Hepatitis B screening	Covered at first prenatal visit
Preeclampsia screening	Blood pressure measurements covered throughout pregnancy
Rh incompatibility screening	Covered at first prenatal visit for all pregnant women; Covered at 24 - 28 weeks of gestation for all unsensitized Rh(D)-negative women, unless the biological father is known to be Rh(D)-negative
Tobacco use screening and interventions	Provide behavioral interventions for cessation to pregnant women who use tobacco- and expanded counseling for pregnant tobacco users.
Syphilis screening	One 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 unknown.

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, weight, and body mass index measurements from birth to age 17 years
- Blood pressure screening
- Vision screening
- 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
- Developmental screening for children under age 3 and surveillance throughout childhood
- Medical History
- Depression screening beginning at age 12
- 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 use assessment for adolescents
- Hematocrit or hemoglobin screening
- Lead screening for children at risk (as determined by your health care provider) of exposure
- Tuberculin testing for children at higher risk (as determined by your health care provider) of tuberculosis
- Dyslipidemia screening for children at higher risk (as determined by your health care provider) of lipid disorders
- Sexually Transmitted Infection (STI) screening and counseling for sexually active adolescents
- HIV screening for adolescents 15 and older and younger adolescents at higher risk (as determined by your health care provider)
- Cervical dysplasia screening for sexually active females
- Oral Health risk assessment for children 10 years of age and younger
- Obesity screening and counseling in children age 6 and older, comprehensive, intensive behavioral counseling to promote weight improvement
- Hepatitis B screening for adolescents at high risk (as determined by your health care provider)
- 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.

Child, Adolescent and Adult—Immunizations

Immunizations 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
Rotavirus
Varicella (chickenpox)
Herpes Zoster (shingles)

The following Preventive Care drugs and supplies are covered with no cost sharing at In-Network pharmacies if a prescription from your Physician is received. Quantity limits apply.

Preventive Care Drug or Supply	Coverage Available
Aspirin	Generic OTC aspirin (1 bottle of 100 tablets every 3 months) for the preventive of cardiovascular disease or for: <ul style="list-style-type: none"> • Preeclampsia prevention for pregnant women who are at high risk (as determined by your health care provider) 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 (as determined by your health care provider) 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 planning or capable of pregnancy
FDA contraceptives for women	Generic FDA approved contraceptives for females (or brand drug if generic is medically inappropriate)
Fluoride supplements	Generic OTC fluoride supplements for ages 6 months to 6 years
Vitamin D supplements	OTC supplements for community-dwelling adults over age 65 who are at increased risk (as determined by your health care provider) for falling
Preparation products for colon cancer screening test	Covered with a prescription
At-home colon cancer screening kit (e.g. Cologuard kit)	Covered for use with a fecal immunochemical test 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.
Breast Cancer preventive medication (e.g. Tamoxifen or Raloxifene)	For women at increased risk (as determined by your health care provider) for breast cancer and at low risk (as determined by your health care provider) 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 payable only if a generic alternative is medically inappropriate.)