

Preventive Health Care Services Schedule

Background

The Patient Protection and Affordable Care Act of 2010 (the “Act”) requires that “non-grandfathered” insured and self-insured group health plans and individual insurance policies provide full coverage, with no cost-sharing for the member, for certain preventive care services that members receive from network providers. The Act defines preventive services to include certain screening, counseling and immunization services.

This Schedule Applies To These PreferredOne Plans and Policies

This schedule identifies the medical services that **PreferredOne Insurance Company (PIC)** and **PreferredOne Community Health Plan (PCHP)** have determined to be preventive health care services as defined and required by the Patient Protection and Affordable Care Act of 2010, effective for plan and policy years that begin on or after September 23, 2010. The schedule applies to all employer sponsored group health plan policies and individual policies issued by PIC and PCHP.

The schedule also applies to “non-grandfathered” self-insured employer sponsored group medical plans for which **PreferredOne Administrative Services, Inc. (PAS)** is a third party administrator, but is subject to any additional provisions that are set forth in the plan document and summary plan description for those self-insured plans.

PIC, PCHP and PAS are collectively referred to in this schedule as **PreferredOne**.

General Description of Preventive Health Care Services and Limitations

The medical services listed in this schedule are preventive health care services for covered children and adults, subject to the following:

- The services are 100% or fully covered by the applicable plan, with no member cost-sharing, when they are received from PreferredOne network providers. The plan’s benefit level will be lower when *you* receive these services from non-network providers, and *you* should refer to the certificate of coverage or summary plan description for *your* policy or plan for the applicable non-network benefit.
- These services are *covered services* under *your* plan or policy, and *your* plan or policy will pay for them only when, at the time of service, *you* are eligible for and properly enrolled in coverage, and *you* and/or *your* employer have timely paid for *your* coverage.
- The exams, counseling and screening services listed below are generally covered as preventive health care services when they are provided during an annual or other periodic preventive physical or wellness exam. Unless otherwise specifically stated in the schedule, the services listed below are preventive only when (i) they are performed by a primary care practitioner or in a primary care setting (ii) for the purpose of preventing diseases or conditions in asymptomatic persons (those with no symptoms), and (iii) are properly coded by the practitioner.
- If the service is a screening (whether involving completion of a written assessment, a lab test, or a procedure that uses diagnostic equipment), *you* must be asymptomatic, meaning that *you* do not have symptoms of a condition or disease and either have not previously received a screening or have previously received the applicable screening according to the applicable time frame with “normal” results.
- If a preventive service results in follow up treatment for an identified condition or illness, such follow up treatment is not a preventive health care service. Services that are not preventive may be covered as medical care or treatment services under another non-preventive provision of *your* plan or policy, and subject to the applicable member cost-sharing.
- Prescribed and over-the-counter drugs, medications, vitamins and supplements (such as aspirin, fluoride, folic acid, tobacco cessation medications and other products) are not preventive health care services. When prescribed, they may be covered under another non-preventive benefit provision of *your* plan or policy, and subject to the applicable member cost-sharing.

Health Care Service	Description	Adults		Children Adolescents
		Men	Women	
Annual or Periodic Wellness and Eye Exams				
Annual preventive physical exam	One preventive physical exam per member in a calendar year, which includes the services described in the guidelines supported by the Health Resources and Services Administration, and including:	X	X	
	For men: PSA lab test screening for prostate cancer in asymptomatic men age 40 and older	X		
	For women: - Counseling about chemoprevention for women who are at high risk for breast cancer - Counseling to take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid, for women who plan for or are capable of pregnancy - Pap test screening for cervical cancer		X	

Health Care Service	Description	Adults		Children Adolescents
		Men	Women	
	- Screening for chlamydia for sexually active non-pregnant young women aged 24 and younger, and for older non-pregnant women at increased risk - Screening for gonorrhea for women who are at increased risk			
	For men and women: - Counseling on aspirin use - Counseling to prevent sexually transmitted infections - Screening for: → Cholesterol abnormalities → Depression → High blood pressure, and one follow up office visit to check blood pressure for persons with abnormal screening results → Syphilis	X	X	
Periodic prenatal exams	Periodic prenatal exams for pregnant women and adolescents, and including: - Discussion during pregnancy and after birth to promote and support breastfeeding - Routine blood tests, and specifically including: → Rh (D) blood typing and antibody testing → Repeated Rh (D) antibody testing for unsensitized Rh (D)-negative women unless the biological father is known to be Rh (D)-negative - Routine screenings, and specifically including screening for: → Asymptomatic bacteriuria at the later of 12 to 16 weeks' gestation or the first prenatal visit → Chlamydia for pregnant women aged 24 and younger, and for older pregnant women who are at increased risk → Hepatitis B virus infection at the first prenatal visit → Iron deficiency anemia in asymptomatic pregnant women → Syphilis → Tobacco use and offering of augmented, pregnancy-tailored counseling to women who smoke		X	
Annual preventive eye exam	One preventive eye examination per member in a calendar year	X	X	X
Periodic well baby, child and adolescent exams	Periodic well baby, child and adolescent exams according to guidelines supported by the Health Resources and Services Administration, and including: - Obtaining a prescription for oral fluoride for preschool children older than 6 months whose primary water source is deficient in fluoride - Obtaining a prescription for iron supplement for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia - Counseling to prevent sexually transmitted infections for sexually active adolescents - Routine screenings, and specifically including: → Screening to detect amblyopia, strabismus, and defects in visual acuity in children under age 5 → Screening of adolescents age 12-18 for major depressive disorder → Screening of persons at increased risk for syphilis			X
Counseling				
Alcohol misuse counseling	Office visit screening for alcohol misuse and up to two additional office visits in a 12-month period for behavioral counseling to reduce alcohol misuse	X	X	
BRCA screening counseling	One office visit counseling for women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes, and up to two sessions of genetic counseling and evaluation for BRCA testing		X	
Healthy diet counseling	Office setting behavioral dietary counseling by primary care clinicians, nutritionists or dietitians, for adults with hyperlipidemia or other known risk factors for cardiovascular and diet-related chronic disease (such as obesity and diabetes), up to three times in a calendar year	X	X	
Obesity screening and counseling	Office setting screening for obesity for adults and for children age 6 and older, and up to three office visits in a calendar year for counseling and behavioral interventions to	X	X	X

Health Care Service	Description	Adults		Children Adolescents
		Men	Women	
	promote sustained weight loss			
Tobacco use counseling and intervention	Office setting screening for tobacco use, and for those who use tobacco products, up to two additional office visits in a calendar year for counseling about tobacco use	X	X	
Immunizations				
Periodic immunizations	Immunizations recommended by the Advisory Committee on Immunization Practices for children, adolescents and adults that have been adopted by the Centers for Disease Control and Prevention, according to the recommended schedule. The specific immunization schedules are available in the "Health Resources" link at www.preferredone.com under "Routine Preventive Immunizations."	X	X	X
Other Preventive Services for Infants				
Gonorrhea eye medication for newborns	Topical eye medication for newborns to prevent gonococcal ophthalmia neonatorum (bacterial conjunctivitis)			X
Screenings				
Abdominal aortic aneurysm screening	One-time screening for abdominal aortic aneurysm by ultrasound: - For men and women who have a family history of abdominal aortic aneurysm - For men who have no family history and who are age 65 to 75 and regularly smoked tobacco products at any time	X	X	
Breast cancer screening for women	Screening mammography for women and breast MRI for women who are at high risk for breast cancer, once per member in a calendar year		X	
Cancer screening for women	For women who are at increased risk for ovarian cancer: - Ovarian cancer screening - Vaginal ultrasound		X	
Colorectal cancer screening	Screening for colorectal cancer as recommended by your physician, using fecal occult blood testing, sigmoidoscopy, colonoscopy or virtual colonoscopy	X	X	
Diabetes screening	Glucose screening for type 2 diabetes in asymptomatic adults with sustained elevated blood pressure	X	X	X
HIV screening	HIV screening for adolescents and adults who are at increased risk	X	X	X
Newborn screenings	Screening of newborn infants for hearing loss, phenylketonuria, sickle cell disease, and congenital hypothyroidism			X
Osteoporosis screening	Screening for osteoporosis for women age 40 and older		X	

Nondiscrimination & Language Access Policy



Discrimination is Against the Law. Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes), consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). Aspirus Health Plan, Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aspirus Health Plan, Inc.:

Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Nondiscrimination Grievance Coordinator at the address, phone number, fax number, or email address below.

If you believe that Aspirus Health Plan, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a *grievance* with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1890
Southampton, PA 18966-9998
Phone: 1-866-631-5404 (TTY: 711)
Fax: 763-847-4010
Email: customerservice@aspirushealthplan.com

You can file a *grievance* in person or by mail, fax, or email. If you need help filing a *grievance*, the Nondiscrimination Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. This notice is available at Aspirus Health Plan, Inc.'s website: https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim_Lang-Assist-Notice.pdf.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-332-6501 (TTY: 711).

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن أعلى رقم الهاتف 1-800-332-6501 (رقم هاتف الصم والبك : 711)

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-6501 (ATS: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-332-6501 (TTY: 711).

Hindi: यान द : य द आप िहंदी बोलते ह तो आपके िलए मु त म भाषा सहायता सेवाएं उपल थ ह 1-800-332-6501 (TTY: 711) पर कॉल कर ।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-332-6501 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-332-6501 (TTY: 711) 번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-332-6501 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-332-6501 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-6501 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-332-6501 (TTY: 711).

Traditional Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-6501 (TTY: 711)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-332-6501 (TTY: 711).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzscht, kannst du mitaue Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-332-6501 (TTY: 711).

Lao: ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສັຽຄ່າ, ຄວນມີຜົນໃຫ້ທ່ານ. ໂທ 1-800-332-6501 (TTY: 711).