

Preventive Care Services

A Guide for Employers and Members





Preventive Care Services

The screenings and immunizations listed in this summary include services required by healthcare reform (the Patient Protection and Affordable Care Act).

For plan years beginning on or after September 23, 2010, non-grandfathered health plans¹ must cover these routine immunizations and other services that are recommended by the United States Preventive Services Task Force A or B, and by other organizations such as Bright Futures, endorsed by the American Academy of Pediatrics. Please note: Some services and products may be subject to age, gender or other restrictions. Refer to USPreventiveServicesTaskForce.org or Healthcare.org for details. In addition, some prescription drugs or services may be subject to medical management techniques, such as prior authorization, quantity limits, etc.

If these services are performed by a network provider, members cannot be charged a copayment, coinsurance or deductible. Out-of-network charges may apply if the services are performed by a non-network provider.

If you have questions about these recommended screenings and immunizations, please contact your Medical Mutual representative or broker. He or she can also give you more details about the recommended frequency of these services. You can also call our Customer Care Center at the number on your identification card for more information.

Adult Preventive Care

Preventive Physical Exams and Screening Tests

- | | |
|--|--|
| ▪ Abdominal aortic aneurysm screening | ▪ Hepatitis B screening if at high risk for infections |
| ▪ Blood pressure screening | ▪ Hepatitis C screening if at high risk (or one-time screening for adults born 1945 to 1965) |
| ▪ Cholesterol and lipid level screening | ▪ HIV screening |
| ▪ Colorectal cancer screening including fecal occult blood test, flexible sigmoidoscopy or colonoscopy | ▪ Screening and counseling for sexually transmitted infections |
| ▪ Depression screening | ▪ Screening for lung cancer |
| ▪ Diabetes screening | |

Counseling and Education Interventions

- | | |
|--|---|
| ▪ Behavioral counseling to prevent skin cancer | ▪ Screening and behavioral counseling to reduce alcohol abuse |
| ▪ Behavioral counseling to promote a healthy diet | ▪ Screening and behavioral counseling related to tobacco use |
| ▪ Counseling related to aspirin use for prevention of cardiovascular disease | ▪ Screening and nutritional counseling for obesity |
| ▪ Prevention of falls in older adults | |

Immunizations (Vaccines)

- | | |
|-------------------------------|----------------------------------|
| ▪ Hepatitis A and Hepatitis B | ▪ Measles, Mumps, Rubella |
| ▪ Herpes Zoster (shingles) | ▪ Meningococcal |
| ▪ Human Papillomavirus | ▪ Pneumococcal (pneumonia) |
| ▪ Influenza (flu shot) | ▪ Tetanus, Diphtheria, Pertussis |

Prescription Drugs²

- | | |
|---|--------------------------|
| ▪ Aspirin | ▪ Smoking cessation aids |
| ▪ Colonoscopy preparations | ▪ Vitamin D |
| ▪ Folic acid | ▪ Women's contraceptives |
| ▪ Medication to reduce risk of primary breast cancer in women | |

Women's Services

- | | |
|---|--|
| ▪ Breast and ovarian cancer susceptibility screening, counseling and testing (including BRCA testing) | ▪ HPV DNA testing |
| ▪ Breast cancer screening (mammogram) | ▪ Lactation classes |
| ▪ Breast feeding counseling and rental of breast pumps and supplies up to the purchase price | ▪ Pregnancy screenings (including hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, gonorrhea, Chlamydia, iron deficiency anemia, alcohol misuse, tobacco use, HIV, gestational diabetes) |
| ▪ Bone density test to screen for osteoporosis | ▪ Prenatal services |
| ▪ Cervical cancer screening (Pap test) | ▪ Primary care intervention to promote breastfeeding |
| ▪ Chlamydia screening | ▪ Screening and counseling for interpersonal and domestic violence |
| ▪ Discussion of chemoprevention with women at high risk for breast cancer | ▪ Well woman visits |
| ▪ FDA-approved contraception methods and counseling for women, including sterilization | |

Child Preventive Care

Preventive Physical Exams and Screening Tests

- | | |
|---|---|
| ▪ Behavioral counseling to prevent skin cancer | ▪ Newborn gonorrhea prophylaxis |
| ▪ Behavioral counseling to promote a healthy diet | ▪ Newborn screenings, including sickle cell anemia |
| ▪ Blood pressure screening | ▪ Screening and behavioral counseling related to tobacco and drug use |
| ▪ Cholesterol and lipid level screening | ▪ Screening and counseling for obesity |
| ▪ Dental cavities prevention (including application of fluoride varnish to all primary teeth) | ▪ Screening and counseling for sexually transmitted infections |
| ▪ Depression screening | ▪ Screenings for heritable diseases in newborns |
| ▪ Developmental and behavioral assessments | ▪ Tuberculosis screening |
| ▪ Hearing screening for newborns | ▪ Vision screening |
| ▪ Lead exposure screening | |

Immunizations (Vaccines)

- | | |
|----------------------------------|----------------------------|
| ▪ Diphtheria, Tetanus, Pertussis | ▪ Meningococcal |
| ▪ Haemophilus influenza type B | ▪ Pneumococcal (pneumonia) |
| ▪ Hepatitis A and Hepatitis B | ▪ Polio |
| ▪ Human Papillomavirus | ▪ Rotavirus |
| ▪ Influenza (flu shot) | ▪ Varicella (chicken pox) |
| ▪ Measles, Mumps, Rubella | |

Prescription Drugs²

- Fluoride

Please Note

This is a summary of the Affordable Care Act Preventive Care requirements and is not intended to be an exhaustive list. This list is subject to change upon issuance of additional regulations or guidance. The preventive care services listed on this flier are for your information only. They are not intended to be, and should not substitute for, professional medical advice, diagnosis or treatment from your treating medical professional. Decisions about care need to be individualized and should be made in concert with treating medical professionals. The information provided does not establish or imply coverage for any particular treatment or service. Any recommended treatment or services will be determined based on your eligibility and coverage under the specific terms and conditions of your benefit plan.

Footnotes

1. If you do not know your health plan's grandfathered status, contact our Customer Care Center at the number on your identification card.
2. To receive 100 percent coverage for these medications (i.e., no out-of-pocket cost), members must get a prescription from their healthcare provider and present it at the pharmacy, even if the medication is available over the counter without a prescription.



An ounce of prevention is worth a pound of cure. Getting preventive care is one of the most important steps our members can take to manage their health. Routine preventive care can identify and address risk factors before they lead to illness. When illness is prevented, it helps reduce healthcare costs. Members should work with their healthcare providers, who can help them follow these guidelines and address their specific health concerns.

Medical Mutual

2060 East Ninth Street
Cleveland, OH 44115-1355
MedMutual.com