

**Important Notice:** This Preventive Care Benefit Plan DOES NOT include coverage for services rendered by Non-PPO Network Providers. This Plan is NOT a comprehensive major medical plan; covered services are limited to the Preventive Care benefits listed below.

Refer to the Plan Document and Summary Plan Description for details of Coverage.

<b>PREVENTIVE CARE BENEFITS</b>	<b>First Health Limited Benefit PPO Network Providers www.FirstHealthLBP.com</b>
<b>Calendar Year Deductible</b>	This Plan does not contain a Plan Year deductible.
<b>Out-of-Pocket Maximum</b>	Participants have no Out-of-Pocket cost for the Preventive Care services outlined below when using a PPO Network Provider. All In-Network Preventive Care services are payable by the Plan at 100%.
<b>Lifetime Maximum Benefit</b>	Unlimited.

**This Plan covers Preventive Care / Wellness Services and Women's Preventive Services in compliance with the Patient Protection and Affordable Care Act of 2010 (PPACA)**

<b>Preventive Care Services for Adults Locate First Health Complementary PPO Network Providers at www.FirstHealthLBP.com</b>
<ol style="list-style-type: none"> <li>Preventive Office Visit; one per Calendar Year;</li> <li>Abdominal Aortic Aneurysm; one time screening for men of specified ages who have ever smoked;</li> <li>Alcohol Misuse screening and counseling;</li> <li>Aspirin use for men and women of certain ages;</li> <li>Blood Pressure screening for all adults;</li> <li>Cholesterol screening for adults of certain ages or at higher risk;</li> <li>Colorectal Cancer screening for adults over 50;</li> <li>Depression screening for adults;</li> <li>Type 2 Diabetes screening for adults with high blood pressure;</li> <li>Diet counseling for adults at higher risk for chronic disease;</li> <li>HIV screening for all adults at higher risk;</li> <li>Immunization vaccines for adults: <ul style="list-style-type: none"> <li>Hepatitis A</li> <li>Hepatitis B</li> <li>Herpes Zoster</li> <li>Human Papillomavirus</li> <li>Influenza (Flu Shot)</li> <li>Measles, Mumps, Rubella</li> <li>Meningococcal</li> <li>Pneumococcal</li> <li>Tetanus, Diphtheria, Pertussis</li> <li>Varicella</li> </ul> </li> <li>Obesity screening and counseling for all adults;</li> <li>Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk;</li> <li>Tobacco Use screening for all adults and cessation interventions for tobacco users; and</li> <li>Syphilis screening for all adults at higher risk.</li> </ol>
<b>Preventive Care Services for Women (Including Pregnant Women) / First Health Limited Benefit PPO Network Providers</b>
<ol style="list-style-type: none"> <li>Anemia screening on a routine basis for pregnant women;</li> <li>Bacteriuria urinary tract or other infection screening for pregnant women;</li> <li>BRCA counseling about genetic testing for women at higher risk;</li> <li>Breast Cancer Mammography screenings every 1 to 2 years for women over 40;</li> <li>Breast Cancer Chemoprevention counseling for women at higher risk;</li> <li>Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women;</li> <li>Cervical Cancer screening for sexually active women;</li> <li>Chlamydia Infection screening for younger women and other women at higher risk;</li> <li>Contraception: Food and Drug Administration approved contraceptive methods (generic oral contraceptives), sterilization procedures, and patient education and counseling, not including abortifacient drugs;</li> <li>Domestic and interpersonal violence screening and counseling for all women;</li> <li>Folic Acid supplements for women who may become pregnant;</li> <li>Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes;</li> <li>Gonorrhea screening for all women at higher risk;</li> <li>Hepatitis B screening for pregnant women at their first prenatal visit;</li> <li>Human Immunodeficiency Virus (HIV) screening and counseling for sexually active women;</li> <li>Human Papillomavirus (HPV) DNA Test: high risk HPV DNA testing every three years for women with normal cytology results who are 30 or older;</li> </ol>

**Preventive Care Services for Women (Including Pregnant Women) / First Health Limited Benefit PPO Network Providers**

- 17) Osteoporosis screening for women over age 60 depending on risk factors;
- 18) Rh Incompatibility screening for all pregnant women and follow up testing for women at higher risk;
- 19) Tobacco Use screening and interventions for all women, and expanded counseling for pregnant tobacco users;
- 20) Sexually Transmitted Infections (STI) counseling for sexually active women;
- 21) Syphilis screening for all pregnant women or other women at increased risk; and
- 22) Well woman visits to obtain recommended preventive services.

**Preventive Care Services for Children / First Health Limited Benefit PPO Network Providers**

- 1) Alcohol and drug use assessments for adolescents;
- 2) Autism screening for Children at 18 and 24 months;
- 3) Behavioral assessments for Children of all ages (ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years);
- 4) Blood Pressure screening for Children (ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years);
- 5) Cervical Dysplasia screening for sexually active females;
- 6) Congenital Hypothyroidism screening for newborns;
- 7) Depression screening for adolescents;
- 8) Developmental screening for Children under age 3, and surveillance throughout childhood;
- 9) Dyslipidemia screening for Children at higher risk of lipid disorders (ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years);
- 10) Fluoride Chemoprevention supplements for Children without fluoride in their water source;
- 11) Gonorrhea preventive medication for the eyes of all newborns;
- 12) Hearing screening for all newborns;
- 13) Height, Weight and Body Mass Index measurements for children (ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years);
- 14) Hematocrit or Hemoglobin screening for Children;
- 15) Hemoglobinopathies or sickle cell screening for newborns;
- 16) HIV screening for adolescents at higher risk;
- 17) Immunization vaccines for Children from birth to age 18:
  - Diphtheria, Tetanus, Pertussis      • Hepatitis B      • Meningococcal      • Pneumococcal
  - Haemophilus influenzae type b      • Human Papillomavirus      • Influenza (Flu Shot)      • Rotavirus
  - Hepatitis A      • Inactivated Poliovirus      • Measles, Mumps, Rubella      • Varicella
- 18) Iron supplements for Children ages 6 to 12 months at risk for anemia;
- 19) Lead screening for children at risk of exposure;
- 20) Medical History for all children throughout development (ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years);
- 21) Obesity screening and counseling;
- 22) Oral Health risk assessment for young Children (ages: 0 to 11 months, 1 to 4 years, 5 to 10 years);
- 23) Phenylketonuria (PKU) screening for this genetic disorder in newborns;
- 24) Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk;
- 25) Tuberculin testing for children at higher risk of tuberculosis (ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years); and
- 26) Vision screening for all Children.

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**Questions regarding Coverage and/or Preventive Care Benefits should be directed to:**

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