

Everything But Water
Minimum Essential Coverage Plan (MEC)

Effective June 1, 2020
Preventive Care Schedule of Benefits
In-Network Benefits Only

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.

MEC Plan Benefits	First Health Limited Benefit PPO Network Providers www.FirstHealthLBP.com
Calendar Year Deductible	This Plan does not contain a Calendar Year deductible.
Out-of-Pocket Maximum	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%.
Lifetime Maximum Benefit	Unlimited

This Plan also covers Preventive Care / Wellness Services in compliance with the Patient Protection and Affordable Care Act of 2010 (PPACA). A complete list of covered routine services for women and adults is available at:
<https://www.healthcare.gov/coverage/preventive-care-benefits/>

Locate First Health Complementary PPO Network Providers at www.FirstHealthLBP.com Preventive Care Services for Adults	
<ol style="list-style-type: none"> Preventive Office Visit; one per Calendar Year; Abdominal Aortic Aneurysm; one-time screening for men of specified ages who have ever smoked; Alcohol Misuse screening and counseling; Blood Pressure screening for all adults; Cholesterol screening for adults of certain ages or at higher risk; Colorectal Cancer screening for adults age 50 to 75; Depression screening; Type 2 Diabetes screening for adults age 40 to 70 who are overweight or obese; Diet counseling for adults at higher risk for chronic disease; Falls prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over living in a community setting; Hepatitis B screening for people at high risk, including people from countries with 2% or more Hepatitis B prevalence, and U.S. born people not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence; Hepatitis C screening for adults at increased risk, and one time for those born between 1945 and 1965; HIV screening for everyone age 15 to 65, and other ages at increased risk; Immunization vaccines for adults: <ul style="list-style-type: none"> Hepatitis A Hepatitis B Herpes Zoster Human Papillomavirus (HPV) Influenza (Flu Shot) Measles, Mumps, Rubella Meningococcal Pneumococcal Tetanus Diphtheria Pertussis Varicella (Chicken Pox) Lung cancer screening for adults age 55-80 at high risk for lung cancer because they are heavy smokers or have quit in the past 15 years; Obesity screening and counseling; Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk; Statin preventive medication for adults age 40 to 75 at high risk; Syphilis screening for all adults at higher risk; Tobacco use screening for all adults and cessation interventions for tobacco users; Tuberculosis screening for certain adults without symptoms at high risk. 	
Preventive Care Services for Women (Including Pregnant Women)	
<ol style="list-style-type: none"> Anemia screening on a routine basis; Breast cancer genetic test counseling (BRCA) for women at higher risk; Breast Cancer Mammography screenings every 1 to 2 years for women over age 40; Breast Cancer Chemoprevention counseling for women at higher risk; Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women; Cervical Cancer screening to include Pap test (also called a Pap smear) every 3 years for women 21 to 65 and Human Papillomavirus (HPV) DNA test with the combination of a Pap smear every 5 years for women age 30 to 65 who do not want a Pap smear every 3 years; Chlamydia infection screening for younger women and other women at higher risk; Contraception: 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); 	

Preventive Care Services for Women (Including Pregnant Women)

- 9) **Diabetes screening** for women with a history of gestational diabetes who are not currently pregnant and who have not been diagnosed with type 2 diabetes in the past;
- 10) **Domestic and interpersonal violence screening** and counseling for all women;
- 11) **Folic Acid supplements** for women who may become pregnant;
- 12) **Gestational diabetes screening** for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes;
- 13) **Gonorrhea screening** for all women at higher risk;
- 14) **Hepatitis B screening** for pregnant women at their first prenatal visit;
- 15) **Preeclampsia prevention and screening** for pregnant women with high blood pressure;
- 16) **Rh incompatibility screening** for all pregnant women and follow-up testing for women at higher risk;
- 17) **Syphilis screening**;
- 18) **Human Immunodeficiency Virus (HIV) screening** and counseling for sexually active women;
- 19) **Human Papillomavirus (HPV) DNA Test**: high risk HPV DNA testing every three years for women with normal cytology results who are age 30 or older;
- 20) **Osteoporosis screening** for women over age 60 depending on risk factors;
- 21) **Tobacco Use screening** and interventions for all women, and expanded counseling for pregnant tobacco users;
- 22) **Sexually Transmitted Infections (STI) counseling** for sexually active women;
- 23) **Urinary tract or other infection screening**;
- 24) **Urinary incontinence screening** for women yearly;
- 25) **Syphilis screening** for all women at increased risk; and
- 26) **Well woman visits** to receive recommended preventive services under age 65.

Preventive Care Services for Children

- 1) **Alcohol, tobacco and drug use assessments** for adolescents;
- 2) **Autism screening** for Children at 18 and 24 months;
- 3) **Behavioral assessments** for Children of all ages;
- 4) **Bilirubin concentration screening** for newborns;
- 5) **Blood Pressure screening** for Children;
- 6) **Blood screening** for newborns;
- 7) **Cervical Dysplasia screening** for sexually active females;
- 8) **Depression screening** for adolescents beginning routinely at age 12;
- 9) **Developmental screening** for Children under age 3;
- 10) **Dyslipidemia screening** for all children once between 9 and 11 years and once between 17 and 21 years, and for children at higher risk of lipid disorders ages: 1-4 years, 5-10 years, 11-14 years, 15-17 years;
- 11) **Fluoride Chemoprevention** supplements for Children without fluoride in their water;
- 12) **Fluoride varnish** for all infants and children as soon as teeth are present;
- 13) **Gonorrhea preventive medication** for the eyes of all newborns;
- 14) **Hearing screening** for all newborns; and once for children once between 11-14 years, 15-17 years, and 18-21 years;
- 15) **Height, Weight and Body Mass Index measurements** for Children
- 16) **Hematocrit or Hemoglobin screening** for Children;
- 17) **Hemoglobinopathies or sickle cell screening** for newborns;
- 18) **Hepatitis B screening** for adolescents at high risk, including adolescents from countries with 2% or more Hepatitis B prevalence, and U.S.-born adolescents not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence: 11-17 years;
- 19) **HIV screening** for adolescents at higher risk;
- 20) **Hypothyroidism screening** for newborns;
- 21) **Immunization vaccines** for Children from birth to age 18:
 - Diphtheria, Tetanus, Pertussis
 - Haemophilus influenzae type b
 - Varicella (Chickenpox)
 - Hepatitis A
 - Hepatitis B
 - Human Papillomavirus (HPV)
 - Inactivated Poliovirus
 - Influenza (Flu Shot)
 - Measles, Mumps, Rubella
 - Meningococcal
 - Pneumococcal
 - Rotavirus
- 22) **Iron supplements** for Children ages 6 to 12 months at risk for anemia;
- 23) **Lead screening** for children at risk of exposure;
- 24) **Maternal depression screening** for mothers of infants at 1, 2, 4, and 6 month visits;
- 25) **Medical History** for Children throughout development (ages: 0-11 months, 1-4 years, 5-10 years, 11-14 years, 15-17 years);
- 26) **Obesity screening** and counseling;
- 27) **Oral Health risk assessment** for young Children (ages: 0-11 months, 1-4 years, 5-10 years);
- 28) **Phenylketonuria (PKU) screening** for this genetic disorder in newborns;
- 29) **Sexually Transmitted Infection (STI) prevention** counseling and screening for adolescents at higher risk;
- 30) **Tuberculin testing** for Children at higher risk of tuberculosis, and;
- 31) **Vision screening** for all Children.

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

Preferred Benefit Administrators

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