



**Aquatech Pools**  
**Minimum Essential Coverage Plan (MEC)**

**Effective April 1, 2021**  
**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. **All services must be performed by Coastal Family Medicine (CFM).** If CFM is unable to perform ACA mandated preventive services, a FirstHealth Limited Benefit PPO Network provider may be utilized. **This Plan is NOT a comprehensive major medical plan;** covered services are limited to the ACA Preventive Care benefits listed below.

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

<b>MEC Preventive Care Plan Benefits</b>	<p><b>All medical care must be performed by Coastal Family Medicine (CFM).</b> First Health Limited Benefit PPO Network Providers may be used if CFM is unable to perform service.</p> <div style="display: flex; justify-content: space-between; align-items: center;">  <div style="text-align: center;"> <p>(941) 484-1444  1500 E. Venice Avenue, Suite #204  Venice, FL 34292</p> </div>  <div style="text-align: center;"> <p><b>First Health Network</b>  <b>www.FirstHealthLBP.com</b></p> </div> </div>
<b>Calendar Year Deductible</b>	This Plan does not contain a Calendar Year deductible.
<b>Out-of-Pocket Maximum</b>	<p>Participants have no Out-of-Pocket cost for the Preventive Care services outlined below when using a PPO Network Provider.</p> <p>All In-Network Preventive Care services are payable by the Plan at 100%.</p>
<b>Lifetime Maximum Benefit</b>	Unlimited

This Plan covers ONLY 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/>

<b>Preventive Care Services for Adults</b>	
<ol style="list-style-type: none"> <li>1) <b>Preventive Office Visit</b>; one per Calendar Year;</li> <li>2) <b>Abdominal Aortic Aneurysm</b>; one-time screening for men of specified ages who have ever smoked;</li> <li>3) <b>Alcohol Misuse screening</b> and counseling;</li> <li>4) <b>Blood Pressure screening</b> for all adults;</li> <li>5) <b>Cholesterol screening</b> for adults of certain ages or at higher risk;</li> <li>6) <b>Colorectal Cancer screening</b> for adults age 50 to 75;</li> <li>7) <b>Depression screening</b>;</li> <li>8) <b>Type 2 Diabetes screening</b> for adults age 40 to 70 who are overweight or obese;</li> <li>9) <b>Diet counseling</b> for adults at higher risk for chronic disease;</li> <li>10) <b>Falls prevention</b> (with exercise or physical therapy and vitamin D use) for adults 65 years+ living in a community setting;</li> <li>11) <b>Hepatitis B screening</b> 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;</li> <li>12) <b>Hepatitis C screening</b> for adults at increased risk, and one time for those born between 1945 and 1965;</li> <li>13) <b>HIV screening</b> for everyone age 15 to 65, and other ages at increased risk;</li> <li>14) <b>Immunization vaccines</b> for adults: <ul style="list-style-type: none"> <li style="width: 33%;">• Hepatitis A</li> <li style="width: 33%;">• Human Papillomavirus (HPV)</li> <li style="width: 33%;">• Meningococcal</li> <li style="width: 33%;">• Diphtheria</li> <li style="width: 33%;">• Hepatitis B</li> <li style="width: 33%;">• Influenza (Flu Shot)</li> <li style="width: 33%;">• Pneumococcal</li> <li style="width: 33%;">• Pertussis</li> <li style="width: 33%;">• Herpes Zoster</li> <li style="width: 33%;">• Measles, Mumps, Rubella</li> <li style="width: 33%;">• Tetanus</li> <li style="width: 33%;">• Varicella (Chicken Pox)</li> </ul> </li> <li>15) <b>Lung cancer screening</b> for adults age 55-80 at high risk for lung cancer because they are heavy smokers or have quit in the past 15 years;</li> <li>16) <b>Obesity screening</b> and counseling;</li> <li>17) <b>Sexually Transmitted Infection (STI) prevention counseling</b> for adults at higher risk;</li> <li>18) <b>Statin preventive medication</b> for adults age 40 to 75 at high risk;</li> <li>19) <b>Syphilis screening</b> for all adults at higher risk;</li> <li>20) <b>Tobacco use screening</b> for all adults and cessation interventions for tobacco users;</li> <li>21) <b>Tuberculosis screening</b> for certain adults without symptoms at high risk.</li> </ol>	
<b>Preventive Care Services for Women (Including Pregnant Women)</b>	
<ol style="list-style-type: none"> <li>1) <b>Anemia screening</b> on a routine basis;</li> <li>2) <b>Breast cancer genetic test counseling (BRCA)</b> for women at higher risk;</li> <li>3) <b>Breast Cancer Mammography screenings</b> every 1 to 2 years for women over age 40;</li> <li>4) <b>Breast Cancer Chemoprevention counseling</b> for women at higher risk;</li> <li>5) <b>Breastfeeding comprehensive support and counseling</b> from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women;</li> <li>6) <b>Cervical Cancer screening</b> 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;</li> <li>7) <b>Chlamydia Infection screening</b> for younger women and other women at higher risk;</li> </ol>	

## Preventive Care Services for Women (Including Pregnant Women)

- 8) **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);
- 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	• Hepatitis A	• Inactivated Poliovirus	• Meningococcal
• Haemophilus influenzae type b	• Hepatitis B	• Influenza (Flu Shot)	• Pneumococcal
• Varicella (Chickenpox)	• Human Papillomavirus (HPV)	• Measles, Mumps, Rubella	• 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**

PO Box 916188 Longwood, FL 32791-6188

407-786-2777 or 888-524-2777

**www.PreferredTPA.com**

