



BrewBurgers Minimum Essential Coverage Plan (MEC)
Preventive Care Schedule of Benefits

Effective January 1, 2022
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.

MEC Preventive Care Plan Benefits	<p>All medical care must be performed by Coastal Family Medicine (CFM). First Health Limited Benefit PPO Network Providers may be used if CFM is unable to perform service.</p> <div>  <p>(941) 484-1444 1500 E. Venice Avenue, Suite #204 Venice, FL 34292</p> </div> <div>  <p>First Health Network www.FirstHealthLBP.com</p> </div>
Calendar Year Deductible	This Plan does not contain a Calendar Year deductible.
Out-of-Pocket Maximum	<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>
Lifetime Maximum Benefit	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/>

Preventive Care Services for Adults	
1)	Preventive Office Visit; one per Calendar Year;
2)	Abdominal Aortic Aneurysm; one-time screening for men of specified ages who have ever smoked;
3)	Alcohol Misuse screening and counseling;
4)	Blood Pressure screening for all adults;
5)	Cholesterol screening for adults of certain ages or at higher risk;
6)	Colorectal Cancer screening for adults age 45 to 75;
7)	Depression screening;
8)	Type 2 Diabetes screening for adults age 40 to 70 who are overweight or obese;
9)	Diet counseling for adults at higher risk for chronic disease;
10)	Falls prevention (with exercise or physical therapy and vitamin D use) for adults 65 years+ living in a community setting;
11)	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;
12)	Hepatitis C screening for adults at increased risk, and one time for those born between 1945 and 1965;
13)	HIV screening for everyone age 15 to 65, and other ages at increased risk;
14)	PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use
15)	Immunization vaccines for adults: <div> <div> • Hepatitis A • Hepatitis B • Herpes Zoster </div> <div> • Human Papillomavirus (HPV) • Influenza (Flu Shot) • Measles, Mumps, Rubella </div> <div> • Meningococcal • Pneumococcal • Tetanus </div> <div> • Diphtheria • Pertussis • Varicella (Chicken Pox) </div> </div>
16)	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;
17)	Obesity screening and counseling;
18)	Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk;
19)	Statin preventive medication for adults age 40 to 75 at high risk;
20)	Syphilis screening for all adults at higher risk;
21)	Tobacco use screening for all adults and cessation interventions for tobacco users;
22)	Tuberculosis screening for certain adults without symptoms at high risk.
Preventive Care Services for Women (Including Pregnant Women)	
1)	Anemia screening on a routine basis;
2)	Birth control: 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).
3)	Breast cancer genetic test counseling (BRCA) for women at higher risk;
4)	Breast cancer mammography screenings every 1 to 2 years for women over age 40;
5)	Breast cancer chemoprevention counseling for women at higher risk;
6)	Breastfeeding support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women;

Preventive Care Services for Women (Including Pregnant Women)

- 7) **Cervical Cancer screening** to include Pap test (also called a Pap smear) every 2 years for women 21 to 65;
- 8) **Chlamydia Infection screening** for younger women and other women at higher risk;
- 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 or more 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) **Human Immunodeficiency Virus (HIV) screening** and counseling for sexually active women;
- 17) **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) **Maternal depression screening** for mothers at well-baby visits;
- 21) **Osteoporosis screening** for women over age 60 depending on risk factors;
- 22) **Rh incompatibility screening** for all pregnant women and follow-up testing for women at higher risk;
- 23) **Syphilis screening;**
- 24) **Tobacco Use screening** and interventions for all women, and expanded counseling for pregnant tobacco users;
- 25) **Sexually Transmitted Infections (STI) counseling** for sexually active women;
- 26) **Urinary tract or other infection screening;**
- 27) **Urinary incontinence screening** for women yearly;
- 28) **Syphilis screening** for all women at increased risk; and
- 29) **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

