Preventive Care Benefits – MEC Covered Services

-Preventive Health Services for Adults

- 1. Abdominal Aortic Aneurysm one-time screening (men of specific ages who have never smoked)
- 2. Alcohol Misuse screening and counseling
- 3. Aspirin Use (to prevent cardiovascular disease for men and women of certain ages)
- 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 over 50)
- 7. Depression Screening (for adults)
- 8. Diabetes (Type 2) Screening (for adults with high blood pressure)
- 9. Diet Counseling (for adults at higher risk for chronic disease)
- 10. HIV Screening (ages 15-65, other ages at increased risk)
- 11. Immunization vaccines (for adults—doses, recommended ages and recommended populations vary)
 - Hepatitis A
 - Hepatitis B
 - Herpes Zoster
 - Human Papillomavirus
 - Influenza (Flu Shot)
 - Measles, Mumps, Rubella
 - Meningococcal
 - Pneumococcal
 - Tetanus, Diphtheria
 - Pertussis
 - Varicella
- 12. Obesity Screening and Couseling (for all adults)
- 13. Sexually Transmitted Infection (STI) Prevention Counseling (for adults at higher risk)
- 14. Syphilis Screening (for all adults at higher screening)
- 15. Tobacco Use Screening (for all adults and cessation interventions for tobacco users)

-Preventive Health Service for Women

- 1. Anemia Screening (routine basis for pregnant women)
- 2. Breast cancer Genetic Test Counseling (BRCA) (for women at higher risk for breast cancer)
- 3. Breast Cancer Mammography Screenings (every 1 to 2 years for women over 40)
- 4. Breast Cancer Chemoprevention Counseling (for women at higher risk)
- 5. Breastfeeding Comprehensive Support and Counseling (from trained providers, and access to breastfeeding supplies, for pregnant and nursing women)

- 6. Cervical Cancer Screening (for sexually active women)
- 7. Chlamydia Infection Screening (for younger women and other women at higher risk)
- 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). This does not apply to health plans sponsored by certain exempt "religious employers.")
- 9. Domestic and Interpersonal Violence Screening and Counseling (for all women)
- 10. Folic Acid (supplements for women who may become pregnant)
- 11.Gestational Diabetes Screening (for women 24 to 28 weeks pregnant and those at risk for developing gestational diabetes)
- 12. Gonorrhea Screening (for all women at higher risk)
- 13. Hepatitis B Screening (for pregnant women at their first prenatal visit)
- 14.HIV Screening and Counseling (for sexually active women)
- 15. Human Papillomavirus (HPV) DNA Test (every 3 years for women with normal cytology results who are 30 or older)
- 16. Osteoporosis Screening (for women over age 60 depending on risk factors)
- 17.Rh Incompatibility Screening (for all pregnant women and follow-up testing for women at higher risk)
- 18. Sexually Transmitted Infections Counseling (for sexually active women)
- 19. Syphilis Screening (for all pregnant women or other women at increased risk)
- 20. Tobacco Use Screening and Interventions (for all women, and expanded counseling for pregnant tobacco users)
- 21. Urinary Tract or Other Infection Screening (for pregnant women)
- 22. Well-Woman Visits (to get recommended services for women under 65)

-Preventive Health Services for Children

- 1. Autism Screening (for children 18 to 24 months)
- 2. Behavior Assessments (for children at the following ages)
 - 0 to 11 months
 - 1 to 4 years
 - 5 to 10 years
 - 11 to 14 years
 - 15 to 17 years
- 3. Blood Pressure Screening (for children at the following ages)
 - 0 to 11 months
 - 1 to 4 years
 - 5 to 10 years
 - 11 to 14 years
 - 15 to 17 years
- 4. Cervical Dysplasia Screening (for sexually active females)

- 5. Depression Screening (for adolescents)
- 6. Developmental Screening (for children under age 3)
- 7. Dyslipidemia Screening (for children at higher risk of lipid disorders at the following ages)
 - 1 to 4 years
 - 5 to 10 years
 - 11 to 14 years
 - 15 to 17 years
- 8. Fluoride Chemoprevention Supplements (for children without fluoride in their water source)
- 9. Gonorrhea Preventive Medication (for the eyes of all newborns)
- 10. Hearing Screening (for all newborns)
- 11. Height, Weight and Body Mass Index Measurements (for children at the following ages)
 - 0 to 11 months
 - 1 to 4 years
 - 5 to 10 years
 - 11 to 14 years
 - 15 to 17 years
- 12. Hematocrit or Hemoglobin Screening (for children)
- 13. Hemoglobinopathies or Sickle Cell Screening (for newborns)
- 14. HIV Screening (for adolescents at higher risk)
- 15. Hypothroidism Screening (for newborns)
- 16. Immunization Vaccines (for children from birth to age 18—doses, recommended ages, and recommended populations vary:
 - Diptheria, Tetanus, Pertussis
 - Haemophilus influenzae type B
 - Hepatitis A
 - Hepatitis B
 - Human Papillomavirus
 - Inactivated Poliovirus
 - Influenza (Flu Shot)
 - Measles, Mumps, Rubella
 - Meninococcal
 - Pneumococcal
 - Rotavirus
 - Varicella
- 17. Iron Supplements (for children ages 6 to 12 months at risk for anemia)
- 18. Lead Screening (for children at risk of exposure)
- 19. Medical History (for all children throughout the development at the following ages)
 - 0 to 11 months
 - 1 to 4 years
 - 5 to 10 years
 - 11 to 14 years
 - 15 to 17 years

- 20. Obesity Screening and Counseling
- 21. Oral Health Risk Assessment (for young children ages):
 - 0 to 11 months
 - 1 to 4 years
 - 5 to 10 years
- 22. Phenylketonuria (PKU) Screening (for this genetic disorder in newborns)
- 23. Sexually Transmitted Infection (STI) Prevention Counseling and Screening (for adolescents at higher risk)
- 24. Tuberculin Testing (for children at higher risk of tuberculosis at the following ages):
 - 1 to 11 months
 - 1 to 4 years
 - 5 to 10 years
 - 11 to 14 years
 - 15 to 17 years
- 25. Vision Screening (for all children)

Primary Care Visits to Treat an Injury or Illness

Co-Payment Per Member \$10.00

The Plan Pays 100% of Allowed

Maximum of 4 visits per Calendar year