

## Preventive Services Covered in Full under Federal Health Care Reform



As a result of the federal health care reform legislation passed on March 23, 2010, Providence Health Plan will cover certain preventive services in full when received from an in-plan provider. Full coverage for these preventive services will be effective when your plan renews on or after Oct. 1, 2010. For example, groups that renew Jan. 1, 2011, will receive full coverage for these preventive services beginning Jan. 1, 2011.

### Based upon the legislation, our services will include:

- Periodic exams and well-baby care (when received from a Personal Physician/Provider), U.S. Preventive Services Task Force A and B rated services, and preventive care and screenings for infants, children and adolescents as supported by the Health Resources and Services Administration
- Routine immunizations and shots in accordance with the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention
- Gynecological exams and Pap tests, mammograms, and women’s health preventive care and screenings supported by the Health Resources and Services Administration

### To help you understand the specifics, please review the following information

The services listed are covered in full when received during periodic exams or well-child visits with an in-plan provider, or as otherwise indicated. Some services must be received from an in-plan Personal Physician/Provider to qualify for full coverage. Your provider will determine which tests are necessary according to your medical history and your current health status. The Personal Physician/Provider or Women’s Health Care Provider may send lab tests outside their office for processing; these services are also covered in full. See the guidelines on the following pages for detailed information.

For further information on preventive services, please refer to your Benefit Summary and Member Handbook, or contact your Customer Service Team at 503-574-7500, or toll-free 800-878-4445. You can view your member materials online by registering for a myProvidence account on our website at [www.providence.org/healthplans](http://www.providence.org/healthplans).

Preventive service	Coverage guidelines	Service must be received from a Personal Physician/Provider
Abdominal aortic aneurysm screening	Imaging service Limited to one screening per lifetime for men ages 65-75	
Alcohol misuse screening and counseling intervention		✓
Asymptomatic bacteriuria in adults screening	Lab test for pregnant women	
Bone density testing	X-ray for women 60 years and older	
Breast feeding interventions	One consult and one follow up visit with a lactation specialist	
Chlamydial infection screening	Lab test for women	
Cholesterol screening	Lab test, one per calendar year	
Colorectal cancer screening; colonoscopy, sigmoidoscopy, double contract barium enemas, fecal occult blood test	Members age 50 and over* *For members on our Value Based Open Option plan, these services are covered in full regardless of member age	

(continued on next page)

Preventive service	Coverage guidelines	Service must be received from a Personal Physician/Provider
Congenital hypothyroidism screening	Lab test for newborns	
Dental screening for women and children		✓
Depression screening in adults		✓
Depressive disorder screening in children and adolescents		✓
Diabetes blood glucose or A1c	Lab tests, one per calendar year	
Moles (skin) screening exam for women		✓
Genetic risk assessment for women susceptible to breast and ovarian cancer; BRCA mutation testing	Office visit for genetic counseling Lab test	
Gonorrhea prophylactic medication	Eye drops given to infants at birth	
Gonorrhea screening	Lab test for women	
Gynecological exam pelvic and clinical breast exams	One per calendar year	
Hearing loss in newborns screening		
Hearing screening for women		✓
Hepatitis B Virus infection screening	Lab test for pregnant women	
High blood pressure screening		✓
HIV screening	Lab test	
Iron deficiency anemia screening	Lab test for pregnant women	
Lead screening for children up to 7 years	Lab test for children	
Mammography screening		
Nutritional counseling	Two visits per calendar year	
Obesity screening for adults		✓
Pap test	One per calendar year	
Periodic exam, and well child visits		✓
Phenylketonuria (PKU) screening	Lab test for newborns	
Rh (D) screening	Lab test for pregnant women	
Sickle cell disease screening	Lab test for newborns	
Syphilis infection screening	Lab test	
Thyroid screening	Lab test for women, one per calendar year	
Tobacco cessation services		
Type 2 Diabetes screening in adults	Lab test, one per calendar year	
Vision screening for women and children		✓

### The following routine immunizations and shots will be covered in full

Immunizations or vaccinations required for insurance, employment, licensing purposes or solely for the purpose of participating in camps, sports activities, recreation programs, college entrance or for the purpose of traveling or obtaining a passport for foreign travel are not a covered benefit.

Adults
Hepatitis A
Hepatitis B
Human Papillomavirus
Influenza
Measles, Mumps, Rubella
Meningococcal
Pneumococcal
Tetanus, Diptheria, Pertussis
Varicella
Zostavax

Children
Diphtheria, Tetanus, Pertussis
Haemophilus influenzae type B
Hepatitis A
Hepatitis B
Human Papillomavirus
Inactivated Poliovirus
Influenza
Measles, Mumps, Rubella
Meningococcal
Pneumococcal
Rotavirus
Varicella