

Scheduling your Preventative Physical Exam (PPE):

1. One of the greatest actions you can take concerning your health is completing your annual PPE with your physician. The following information will aid in your understanding of how to set your appointment, communicate with your doctor, and understand what is considered preventative.
2. In General, if you are not sick or injured and are not seeing your physician as a follow up (including labs) for a condition recently diagnosed, your visit will be paid 100% by our insurance program.
3. Make sure to notify your physician (while scheduling your PPE) that this is a preventative appointment and you would like to discuss any treatments or labs that would be considered "outside the realm of preventative services" as dictated by the American Medical Association and Health and Human Services Guidelines.
4. Below is a list of preventative services by sex, gender, and age that are typically considered preventative by our insurance carrier.
5. It is rare but PPE visits may result in a balance billing to you. If this rarity occurs please proceed to **step a.** below.
 - a. If you do receive a balance billing from your physician resulting from a PPE, please call the number on the back of your health insurance card and ask the claims representative why you are being billed for a preventative physical. If your claims representative indicates improper coding by your physician, circle back to your physician and request that they recode or give reasoning why it is not coded preventative. If everything is coded properly and you are still receiving a balance bill, press your claims department to specifically tell you why there is a balance bill and where in the policy this limitation applies.

Preventive Services Covered Under the Affordable Care Act

<http://www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html#CoveredPreventiveServicesforAdults>

If you have a new health insurance plan or insurance policy beginning on or after September 23, 2010, the following preventive services must be covered without your having to pay a copayment or co-insurance or meet your deductible. This applies only when these services are delivered by a network provider.

Covered Preventive Services for Adults

- **Abdominal Aortic Aneurysm** one-time screening for men of specified ages who have ever smoked
- **Alcohol Misuse** screening and counseling
- **Aspirin** use for men and women of certain ages
- **Blood Pressure** screening for all adults
- **Cholesterol** screening for adults of certain ages or at higher risk
- **Colorectal Cancer** screening for adults over 50
- **Depression** screening for adults
- **Type 2 Diabetes** screening for adults with high blood pressure
- **Diet** counseling for adults at higher risk for chronic disease
- **HIV** screening for all adults at higher risk
- **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, and Varicella. To see a current list of immunizations covered, go to <http://www.healthcare.gov/news/factsheets/2010/09/affordable-care-act-immunization.html>
- **Obesity** screening and counseling for all adults
- **Sexually Transmitted Infection (STI)** prevention counseling for adults at higher risk
- **Tobacco Use** screening for all adults and cessation interventions for tobacco users
- **Syphilis** screening for all adults at higher risk

Covered Preventive Services for Women, Including Pregnant Women (*Note: Services marked with an asterisk (*) must be covered with no cost-sharing in plan years starting on or after August 1, 2012. See Affordable Care Act Rules on Expanding Access to Preventive Services for Women.*)

- **Anemia** screening on a routine basis for pregnant women
- **Bacteriuria** urinary tract or other infection screening for pregnant women
- **BRCA** counseling about genetic testing for women at higher risk
- **Breast Cancer Mammography** screenings every 1 to 2 years for women over 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 for sexually active women
- **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, not including abortifacient drugs*

This is intended for informational purposes only. Please refer to your insurance policy, per-certification call center, or claims department for specifics regarding your health

- **Domestic and interpersonal violence** screening and counseling for all women*
- **Folic Acid** supplements for women who may become pregnant
- **Gestational diabetes** screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes*
- **Gonorrhea** screening for all women at higher risk
- **Hepatitis B** screening for pregnant women at their first prenatal visit
- **Human Immunodeficiency Virus (HIV)** screening and counseling for sexually active women*
- **Human Papillomavirus (HPV) DNA Test:** high risk HPV DNA testing every three years for women with normal cytology results who are 30 or older*
- **Osteoporosis** screening for women over age 60 depending on risk factors
- **Rh Incompatibility** screening for all pregnant women and follow-up testing for women at higher risk
- **Tobacco Use** screening and interventions for all women, and expanded counseling for pregnant tobacco users
- **Sexually Transmitted Infections (STI)** counseling for sexually active women*
- **Syphilis** screening for all pregnant women or other women at increased risk
- **Well-woman visits** to obtain recommended preventive services for women under 65*

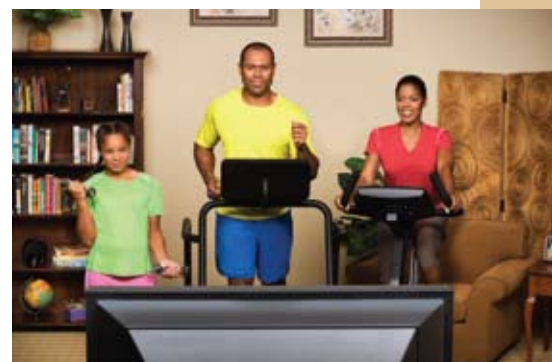
Covered Preventive Services for Children

- **Alcohol and Drug Use** assessments for adolescents
- **Autism** screening for children at 18 and 24 months
- **Behavioral** assessments for children of all ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- **Blood Pressure** screening for children Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- **Cervical Dysplasia** screening for sexually active females
- **Congenital Hypothyroidism** screening for newborns
- **Depression** screening for adolescents
- **Developmental** screening for children under age 3, and surveillance throughout childhood
- **Dyslipidemia** screening for children at higher risk of lipid disorders Ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- **Fluoride Chemoprevention** supplements for children without fluoride in their water source
- **Gonorrhea** preventive medication for the eyes of all newborns
- **Hearing** screening for all newborns, **Height, Weight and Body Mass Index** measurements for children Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- **Hematocrit or Hemoglobin** screening for children
- **Hemoglobinopathies** or sickle cell screening for newborns
- **HIV** screening for adolescents at higher risk
- **Immunization** vaccines for children from birth to age 18 —doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus, Varicella, Learn more about immunizations and see the latest vaccine schedules
- **Iron** supplements for children ages 6 to 12 months at risk for anemia
- **Lead** screening for children at risk of exposure
- **Medical History** for all children throughout development, Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- **Obesity** screening and counseling
- **Oral Health** risk assessment for young children Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years
- **Phenylketonuria (PKU)** screening for this genetic disorder in newborns
- **Sexually Transmitted Infection (STI)** prevention counseling and screening for adolescents at higher risk
- **Tuberculin** testing for children at higher risk of tuberculosis Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- **Vision** screening for all children

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Why **preventive** care is important

Preventing disease and detecting disease early, if it occurs, are important to living a healthy life. And the better your health, the lower your health care costs are likely to be. Following these guidelines, along with the advice of your doctor, can help you stay healthy. Talk to your doctor about your specific health questions and concerns, and follow his or her recommendations. If you'd like more information on preventive care, visit www.preventiveservices.ahrq.gov.



Guidelines for maintaining your health

Screening: Children ages 0 to 18 years

Age	Screening Test	Frequency
Newborn	Newborn screening (PKU, sickle cell, hemoglobinopathies, hypothyroidism) Hearing Screening	During newborn period Once
Birth-2 months	Head circumference	At each well-child visit
Birth-2 years	Length and weight	At each well-child visit
2-18 years	Height and weight	At each well-child visit
3-4 years	Eye screening	Once
Younger than 5 years	Dental	At each well-child visit

Range of recommended ages

Certain high-risk groups

Recommended immunization schedule for persons aged 0 through 6 years – United States • 2009

For those who fall behind or start late, see the catch-up schedule

Vaccine	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years
Hepatitis B*	HepB	HepB		See footnote	HepB						
Rotavirus*			RV	RV	RV ²						
Diphtheria, Tetanus, Pertussis*			DTaP	DTaP	DTaP	See footnote ³	DTaP				DTaP
Haemophilus influenzae type b*			Hib	Hib	Hib*	Hib					
Pneumococcal*			PCV	PCV	PCV	PCV				PPSV	
Inactivated Poliovirus			IPV	IPV	IPV						IPV
Influenza*					Influenza (yearly)						
Measles, Mumps, Rubella*						MMR			See footnote		MMR
Varicella*						Varicella			See footnote		Varicella
Hepatitis A*						HepA (2 doses)				HepA Series	
Meningococcal*										MCV	

* SOURCE: Centers for Disease Control and Prevention, Recommended States, 2009, MMWR 2007;56(51&52):Q1-Q4

Range of recommended ages

Catch-up immunization

Certain high-risk groups

Recommended Immunization Schedule for Persons Aged 7 Through 18 Years – United States • 2009

For those who fall behind or start late, see the catch-up schedule

Vaccine	7-10 years	11-12 years	13-18 years
Tetanus, Diphtheria, Pertussis*	See footnote	Tdap	Tdap
Human Papillomavirus*	See footnote	HPV (3 doses)	HPV (3 doses)
Meningococcal*	MCV	MCV	MCV
Influenza*	Influenza (yearly)		
Pneumococcal*	PPSV		
Hepatitis A*	HepA Series		
Hepatitis B*	HepB Series		
Inactivated Poliovirus*	IPV Series		
Measles, Mumps, Rubella*	MMR Series		
Varicella*	Varicella Series		

* SOURCE: Centers for Disease Control and Prevention, Recommended States, 2009, MMWR 2007;56(51&52):Q1-Q4

Counseling: children ages 0-18 years

As your child grows, talk to their doctor about:

- Development
- Nutrition and eating disorders
- Physical activity
- Dental and oral health
- Safety
- Tobacco use
- Alcohol and drug abuse
- Child abuse

* SOURCE: Centers for Disease Control and Prevention, Recommended immunization schedules for persons aged 0-18 years - United States, 2009

Preventive care guidelines: adults over age 18

Range of recommended ages

SCREENING	Years of Age	18	25	30	35	40	45	50	55	60	65	70	75
Blood Pressure, Height, and Weight		At each preventive visit											
Obesity		At each preventive visit											
Cholesterol									Men: Every 5 years				
									Women: Every 5 years				
Cervical cancer screening		Annually beginning at age 18 or age of sexual activity, and every three years after three consecutive normal tests											
Chlamydia/Gonorrhea													
Mammography								Women: every one to two years					
Colorectal Cancer*								Depends on y\test					
Osteoporosis												Routinely	
Alcohol Use, Depression		At each preventive visit											
Tobacco use		At each preventive visit											
Vision, Hearing												Periodically	
HIV		For those at increased risk											

IMMUNIZATION

Tetanus-Diphtheria (Td/Tdap)		Every 10 years											
Varicella (VZV)		Susceptibles only-two doses											
Measles, Mumps, Rubella (MMR)		All with lack of immunity											
Pneumococcal												One dose	
Influenza										Yearly			
Hepatitis B/Hepatitis A		Persons at risk											
Meningococcal		For certain high-risk groups**											
Human Papillomavirus (HPV)		3 Doses 0,2,6 mo											
Zoster												One dose	

CHEMOPREVENTION

Assess cardiovascular disease risk and discuss aspirin to prevent CVD events								The screening age for Men to 45; Women to 55					
Discuss breast cancer chemoprevention with women at high risk for breast cancer and low risk for adverse effects.								Women: Periodically					
Folic Acid – recommended dosage is 0.4 - 0.8mg daily		Women of childbearing age											

COUNSELING

Promote and support breastfeeding		Women after childbirth											
Tobacco cessation, drug and alcohol use, STDs and HIV, nutrition, physical activity, sun exposure, oral health, injury prevention, and polypharmacy		Periodically											

Upper age limits should be individualized for each patient

* See www.preventiveservices.ahrq.gov for U.S. Preventive Services Task Force recommendations on colorectal cancer screening and other clinical preventive services.

** High risk is defined as adults who have terminal complement deficiencies, had their spleen removed, their spleen does not function or they have medical, occupation, lifestyle or other indications such as college freshmen living in dormitory or other group living conditions.

Individual health plans vary in preventive coverage. Generally, your plan should cover immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) and published by the Centers for Disease Control and Prevention. For complete immunization guidelines, visit www.cdc.gov/nip.

21. Preventive Care Services

Services for preventive medical care provided on an outpatient basis at a Physician's office, an Alternate Facility or a Hospital. Examples of preventive medical care are:

Physician office services:

- Routine physical examinations.
- Well baby and well child care.
- Immunizations.
- Hearing screening.

Lab, X-ray or other preventive tests:

- Screening mammography, including:
 - Annual mammograms for women under the age of 40 who are at risk for breast cancer. A woman at risk meets at least one of the following descriptions:
 - A woman with a personal history of breast cancer.
 - A woman with a personal history of breast disease that was proven benign by biopsy.
 - A woman whose mother, sister, or daughter has had breast cancer.
 - A woman who is at least 30 years of age and has not given birth.
 - One baseline mammogram before the age of 40 for women that are between the age of 35 and 40.
 - An annual mammogram for women age 40 and over.
- Screening colonoscopy or sigmoidoscopy.
- Cervical cancer screening.
- Prostate specific antigen screenings, including:
 - One annual test for men at least 50 years of age.
 - One annual test for men under the age of 50 who are at a high risk for prostate cancer as determined by the most recent published guidelines of the *American Cancer Society*.
- Colorectal cancer examinations and laboratory tests for a Covered Person who is:
 - At least 50 years old; or
 - Under 50 and at a high risk for colorectal cancer as determined by the most recent published guidelines of the *American Cancer Society*.
- Bone mineral density tests.

22. Prosthetic Devices

External prosthetic devices that replace a limb or a body part, limited to:

- Feet and hands (unless they are a portion of a prosthetic arm or leg - then refer to *Orthotic Devices and Prosthetic Devices - Artificial Arms, Legs, Feet and Hands*).
- Artificial face, eyes, ears and nose.
- Breast prosthesis as required by the *Women's Health and Cancer Rights Act of 1998*. Benefits include mastectomy bras and lymphedema stockings for the arm.

Benefits under this section are provided only for external prosthetic devices and do not include any device that is fully implanted into the body other than breast prostheses.

If more than one prosthetic device can meet your functional needs, Benefits are available only for the prosthetic device that meets the minimum specifications for your needs. If you purchase a prosthetic device that exceeds these minimum specifications, we will pay only the amount that we would have paid for the prosthetic that meets the minimum specifications, and you will be responsible for paying any difference in cost.

The prosthetic device must be ordered or provided by, or under the direction of a Physician.

Benefits are available for repairs and replacement, except that: