Preventive Care Services

Per the Affordable Care Act, the Option 2 ACA Plan, HDHP, and Plan B cover most preventive care services at 100% when seeing an In-Network provider. These are ACA Plans.

The Option 1 Grandfathered Plan is not an ACA plan and does not cover preventive care services at 100%. You may be responsible for a 10% coinsurance after meeting the deductible, or the full cost depending on the service.

Covered Preventive Care for Adults:

1. Abdominal aortic aneurysm one-time screening for men of specified ages who have ever smoked
2. Alcohol misuse screening and counseling
3. Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
4. Blood pressure screening
5. Cholesterol screening for adults of certain ages or at higher risk
6. Colorectal cancer screening for adults 45 to 75 years
7. Depression screening
8. Diabetes (Type 2) screening for adults 40 to 70 years who are overweight or obese
9. Diet counseling for adults at higher risk for chronic disease
10. Fall prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over, 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 18 to 79 years
13. HIV screening for everyone 15 to 65 years, 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. Immunizations for adults — doses, recommended ages, and recommended populations vary:
    - Chickenpox (Varicella)
    - Diphtheria
    - Flu (influenza)
    - Hepatitis A
    - Hepatitis B
    - Human Papillomavirus (HPV)
    - Measles
    - Meningococcal
    - Mumps
    - Whooping Cough (Pertussis)
    - Pneumococcal
    - Rubella
    - Shingles
    - Tetanus
16. Lung cancer screening for adults 50 to 80 years at high risk for lung cancer because they're 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 40 to 75 years at high risk
20. Syphilis screening for 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

Covered Preventive Care for Women:

Services for pregnant women or women who may become pregnant

1. Breastfeeding support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
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). This does not apply to health plans sponsored by certain exempt "religious employers." Learn more about contraceptive coverage.
3. Folic acid supplements for women who may become pregnant
4. Gestational diabetes screening for women 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes
5. Gonorrhea screening for all women at higher risk
6. Hepatitis B screening for pregnant women at their first prenatal visit
7. Maternal depression screening for mothers at well-baby visits
8. Preeclampsia prevention and screening for pregnant women with high blood pressure
9. Rh incompatibility screening for all pregnant women and follow-up testing for women at higher risk
10. Syphilis screening
11. Expanded tobacco intervention and counseling for pregnant tobacco users
12. Urinary tract or other infection screening

Notice:

You'll be asked if you're pregnant if you select the application option to get help paying for coverage and select "Female" for the question about your sex.

Other covered preventive services for women

1. Bone density screening for all women over 65 years or women 64 years and younger who have gone through menopause

2. Breast cancer genetic test counseling (BRCA) for women at higher risk
3. Breast cancer screening mammogram, with or without clinical breast examination, every 1-2 years for women 40 years and older
4. Breast cancer chemoprevention counseling for women at higher risk
5. Cervical cancer screening
    - Pap test (also called a Pap smear) for women 21 to 65 years
6. Chlamydia infection screening for younger women and other women at higher risk
7. Diabetes screening for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before
8. Domestic and interpersonal violence screening and counseling for all women
9. Gonorrhea screening for all women at higher risk
10. HIV screening and counseling for everyone 15 to 65 years, and other ages at increased risk
11. PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative women at high risk for getting HIV through sex or injection drug use
12. Sexually transmitted infections counseling for sexually active women
13. Tobacco use screening and interventions
14. Urinary incontinence screening for women yearly
15. Well-woman visits to get recommended services for all women

More on prevention

- Learn more about preventive care from the CDC.
- See preventive services covered for all adults and children.
- Learn more about what Marketplace health insurance plans cover.

Covered Preventive Care Services for Children:

- Alcohol, tobacco, and drug use assessments for adolescents
- Autism screening for children at 18 and 24 months

- Behavioral assessments for children
- Bilirubin concentration screening for newborns
- Blood pressure screening for children
- Blood screening for newborns
- Depression screening for adolescents beginning routinely at age 12
- Developmental screening for children under age 3
- 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
- Fluoride supplements for children without fluoride in their water source
- Fluoride varnish for all infants and children as soon as teeth are present
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening for all newborns; and regular screenings for children and adolescents as recommended by their provider
- Height, weight and body mass index (BMI) measurements taken regularly for all children
- Hematocrit or hemoglobin screening for all children
- Hemoglobinopathies or sickle cell screening for newborns
- Hepatitis B screening for adolescents at higher risk
- HIV screening for adolescents at higher risk
- Hypothyroidism screening for newborns
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adolescents at high risk for getting HIV through sex or injection drug use
- Immunizations for children from birth to 18 years — doses, recommended ages, and recommended populations vary:
    - Chickenpox (Varicella)
    - Diphtheria, tetanus, and pertussis (DTaP)
    - Haemophilus influenza type b

    - Hepatitis A
    - Hepatitis B
    - Human Papillomavirus (HPV)
    - Inactivated Poliovirus
    - Influenza (flu shot)
    - Measles
    - Meningococcal
    - Mumps
    - Pneumococcal
    - Rotavirus
    - Rubella
- Lead screening for children at risk of exposure
- Obesity screening and counseling
- Oral health risk assessment for young children from 6 months to 6 years
- Phenylketonuria (PKU) screening for newborns
- Sexually transmitted infection (STI) prevention counseling and screening for adolescents at higher risk
- Tuberculin testing for children at higher risk of tuberculosis
- Vision screening for all children
- Well-baby and well-child visits

Get details about regular checkups and child development by age.

Source: https://www.healthcare.gov/coverage/preventive-care-benefits/

For more information, please see your certificate book or contact Medical Mutual Customer Advocacy at **888-636-3622**.

Enhanced Services under Option 2 and HDHP:

In addition to providing preventive care services, Option 2 and HDHP have been enhanced to over other services that the GF Option 1 Plan does not cover. The reason is that, in most cases, a GF plan cannot be modified. Below are some of the most asked about services. This is not a conclusive list.

Contraceptives for women covered under ACA Plans

Oral (pill), injectable, implantable or transdermal patches for birth control. FDA-approved methods of birth control, including, but not limited to, barrier methods, hormonal methods and implanted devices.

C*overed at 100% on Option 2 and HDHP without having to meet deductible.*

Speech Therapy

The Option 2 ACA Plan covers enhanced speech therapy at 80% after the deductible when performed by and In-network certified, licensed speech therapist for developmental disorders of speech and language, involving difficulties with sound production, or challenges in both understanding and using spoken language. HDHP covers 100% after meeting the deductible.

To be considered a covered service on the Option 1 GF Plan, this therapy must be performed by a certified, licensed therapist and be Medically Necessary due to a medical Condition such as: A stroke, aphasia, dysphasia or post-laryngectomy.

Infertility Treatment

Not covered under the Option 1 GF Plan.
ACA Plans cover In Vitro Fertilization, Artificial Insemination, GIFT and ZIFT-
Medically Necessary and Routine. Option 2 covers 80% after deductible; HDHP covers 100% after deductible.

Growth Hormones

Growth hormone medications are not covered under the Option 1 GF Prescription Drug Plan; however, they may be eligible for coverage under the medical plan. Providers should contact Medical Mutual to request prior authorization and obtain cost estimates, and to confirm the coverage. There may be a delay in approval.

For Option 2 (ACA), growth hormone therapy is covered under both the prescription drug and medical plans at 80% after the deductible is met. Under the HDHP, coverage is provided 100% after the deductible.

Mandated Coverage:

Some federal and state mandates require services to be added to all plans, regardless of GF status. These services are updated based on the legislation.

Some examples include:

Autism Spectrum Disorder (ASD) - particularly Applied Behavior Analysis (ABA) therapy.

Mental Health Parity Act https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/mental-health-and-substance-use-disorder-parity

Please Note: The information listed in this sheet is subject to change without direct notification. Please contact HR with any questions.

Pharmacy Benefits

Prescription benefit differences between the Option 1 Grandfathered plan and the Option 2 ACA Plan, HDHP, and Plan B.

Pharmacy Benefit	Option 1 Grandfathered Plan	Option 2 ACA Plan	HDHP 3500	Plan B
Generic Retail (Tier 1)	20% coinsurance	20% coinsurance	0% coinsurance after deductible	30% coinsurance
Generic Mail Order	20% coinsurance	20% coinsurance	0% coinsurance after deductible	30% coinsurance
Single Source Brand	20% coinsurance	20% coinsurance	0% after deductible	30% coinsurance
Specialty Drugs	Applicable tier cost share	Applicable tier cost share	0% after deductible*	Applicable tier cost share
Retail Supply Limit	30 Days	30 Days	30 Days	30 Days
Mail Order Supply Limit	90 Days	90 Days	90 Days	90 Days

Contraceptive Coverage

Option 1 Grandfathered Plan

- Does not provide the same ACA-mandated contraceptive coverage protection as the non-grandfathered plans.

Option 2 ACA (PPO 600), Plan B (PPO 1000), and HDHP

- Cover FDA-approved female contraceptives as preventive care.
- For the HDHP, certain preventive care drugs may be covered without having to meet the deductible, please contact Medical Mutual to learn more about your plan.

The pharmacy exclusion language is substantially the same across all plan options. The primary distinction is that the Grandfathered PPO 400 retains grandfathered ACA status and therefore does not provide the same preventive drug and contraceptive coverage protections available under Option 2 ACA, Plan B, and the HDHP.