

PREVENTIVE CARE BENEFITS

(AS OF MAY 1, 2016)

The Plan covers a wide range of preventive services designed to keep participants and dependents healthy. Benefits for the preventive services will be paid as follows:

- The Plan will pay 100% with no deductible for the listed services when performed by an in-network (Blue Cross Blue Shield IL) provider.
- Out-of-network (non-PPO) services are paid at 80% subject to the deductible.
- For pharmacy products, you must have a doctor's prescription and you must use a Sav-Rx participating pharmacy.
- Covered immunizations can also be obtained at a participating SavRx pharmacy at no cost to you, and with no claims to file, if you show the pharmacist your SavRx card.

IMMUNIZATIONS (Adults and Children)

Covered Immunization	Frequency
Diphtheria, tetanus and pertussis (DtaP)	As recommended by the Advisory Committee on Immunization Practices (ACIP) and that have been adopted by the Director of the Centers for Disease Control and Prevention, including: <ul style="list-style-type: none"> • Recommended Immunization Schedule for Persons Aged 0 Through 6 Years • Recommended Immunization Schedule for Persons Aged 7 Through 18 Years • Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind • Recommended Adult Immunization Schedule <i>Note: Immunizations for work or travel purposes are not covered.</i>
Hepatitis A (HepA)	
Hepatitis B (HepB)	
Human papillomavirus (HPV)	
Influenza (seasonal)	
Influenza type B (Hib)	
Measles, mumps & rubella (MMR)	
Meningococcal (MCV)	
Pneumococcal (PCV/PPSV)	
Polio (IPV)	
Rotavirus (RV)	
Varicella	
Zoster (shingles)	

ADULTS (Age 19 and Older Unless Stated Otherwise)

Covered Service or Supply	Frequency
Abdominal aortic aneurysm ultrasound screening (men age 65-75 who smoke(d))	as determined by patient's physician
Alcohol misuse -brief behavior counseling	as determined by patient's physician
Blood pressure screening	one per calendar year
Cholesterol screening (men age 35+, or age 20+ if increased risk; women age 45+, or age 20+ if increased risk)	one per calendar year
Colorectal cancer screening (adults age 50-75), including colorectal exams, flexible sigmoidoscopies, barium enemas, and colonoscopies. Colonoscopy coverage includes medically indicated sedation/anesthesia, pathology and medically appropriate pre-screening specialist consultation.	within American Cancer Society age & frequency guidelines
Depression screening	as determined by patient's physician
Diabetes screening (adults with blood pressure greater than 135/80)	one per calendar year
Diet & activity counseling (adults at increased risk for cardiovascular disease)	as determined by patient's physician
Hepatitis B and Hepatitis C screening for persons at high risk	as determined by patient's physician
HIV screening	as determined by patient's physician

ADULTS
(Age 19 and Older Unless Stated Otherwise)

Lung cancer screening with low-dose CT for ages 55+ with history of smoking	one per calendar year
Obesity screening, and if patient is obese, up to 26 face-to-face counseling sessions with doctor (M.D./D.O.) or behavior therapist (Masters' or better) specializing in weight loss	once per calendar year
Sexually transmitted infections counseling (adults at increased risk)	as determined by patient's physician
Skin cancer behavioral counseling (to age 24)	one per lifetime
Syphilis screening (persons at increased risk)	one per calendar year
Tobacco use interventions	two 90-day attempts per calendar year, consisting of four 10-minute counseling sessions
ADDITIONAL SERVICES COVERED BY THE FUND	
PSA test (men)	one per calendar year
Routine physical exam, including medically appropriate routine screening tests not already listed above	one per calendar year
PHARMACY PRODUCTS	
Aspirin to prevent cardiovascular disease (men age 45-79; women age 55-79), when prescribed by physician	generic aspirin covered based on physician's recommendations
Bowel preps for a covered preventive colonoscopy	as prescribed - generics and OTCs only
Tobacco use interventions	physician-prescribed medications for two 90-day quit attempts per year - generics, OTCs and Chantix
Vitamin D supplements for adults age 65 and older who are at increased risk of falling	as determined by patient's physician - generics only

FEMALES
(Of Childbearing Age)

Covered Service or Supply	Frequency
BRCA testing and counseling (women with a family history of BRCA 1 or BRCA 2 risk factors)	once per lifetime
Breast cancer screening (women age 40+)	one per calendar year
Breastfeeding support, supplies (including rental of breast pump), and counseling	as needed, including 6 visits with lactation specialist. Breast pump limited to reasonable and customary limits. For example, the purchase price limit it \$325.
Cervical cancer screening	one per calendar year
Chlamydial infection screening (women age 24 or younger or at increased risk)	one per calendar year
Contraception (non-oral)—FDA-approved contraceptive methods for women (IUDs, Depo Provera, etc.) that require a prescription, <i>excluding</i> birth control pills, which are covered as described below, but including surgical sterilization.	as prescribed
Contraceptive counseling	one office visit per calendar year
Domestic and interpersonal violence screening	one per calendar year
Gonorrhea screening (women at increased risk)	one per calendar year
HPV DNA testing	every three years starting at age 30
Mammograms (women age 40+)	one per calendar year
Osteoporosis screening (women age 60; age 55 if increased risk of osteoporotic fractures)	as determined by patient's physician
Preconception and prenatal care. "Prenatal care" means routine doctor visits, and does not include delivery, tests, ultrasounds or care for high risk pregnancies.	as prescribed
Prenatal screening for anemia, bacteriuria, gestational diabetes, Hepatitis B, HIV and other infections, Rh incompatibility and syphilis	one each per pregnancy
Well-woman preventive care visit to obtain the recommended preventive services that are age and developmentally appropriate	one per calendar year

FEMALES
(Of Childbearing Age)

PHARMACY PRODUCTS	
Aspirin for pregnant women at high risk for preeclampsia	as prescribed - generics only
Breast cancer chemoprevention drugs (women age 35 and over at high risk)	as prescribed - generics only
Folic acid supplements (women capable of pregnancy)	0.4 to 0.8 mg (400 - 800 µg) per day - generics only
Oral contraception—FDA-approved oral medications (birth control pills)—as prescribed	as prescribed. Generics and brands without generic equivalents = 100% retail and mail. All others = regular co-pays apply

CHILDREN
(0 Through 21 Years Unless Stated Otherwise)

Covered Service or Supply	Frequency
Alcohol/drug assessment	as recommended by the American Academy of Pediatrics and Bright Futures
Anticipatory guidance	
Autism screening	
Behavioral assessment	
Cervical dysplasia screening	
Developmental screening	
Dyslipidemia screening	
Health history	
Hemoglobin screening	
Lead screening	
Measurements, including height, weight, BMI, blood pressure, etc.	
Metabolic screening	
Oral health risk assessment	
Physician examination	
Sensory (vision and hearing) screening	
STI/HIV screening	
Tuberculin testing	
Depression screening (children age 12 and older)	as determined by patient's physician
Fluoride varnish to primary teeth for children under age 5	one per lifetime
Hepatitis B screening (adolescents at high risk)	one per lifetime
HIV screening (children age 11 and older)	as determined by patient's physician
Newborn screenings for hemoglobinopathies, hearing loss, hypothyroidism, phenylketonuria (PKU), and heritable disorders (as recommended by the Uniform Panel of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children that went into effect May 21, 2010)	one each per lifetime
Obesity screening and counseling (children age 6+)	as determined by patient's physician
Sexually transmitted disease screening and counseling (adolescents)	as determined by patient's physician
Skin cancer behavioral counseling (age 10+)	one per lifetime
Tobacco use education and brief counseling to prevent initiation of tobacco use in school-aged children and adolescents	one per lifetime
Visual acuity screening (children <5 years)	one per calendar year
PHARMACY PRODUCTS	
Iron supplements (children age 6-12 months at increased risk for anemia)	as prescribed - generics only
Oral fluoride (children 6 months+ if water source deficient in fluoride)	as prescribed through age 5
Prophylactic medication for gonorrhea (newborns)	once per lifetime