

Preventive Care: Services Covered Under the Affordable Care Act

This is to provide you with a list of preventive care services covered in accordance with the federal Affordable Care Act. These services are covered by all health plans offered by Harvard Pilgrim and its affiliates, except "grandfathered" plans¹. When you obtain these services from an In-Network Plan Provider, they are covered free of charge; there is no Member Cost Sharing required. However, if your plan offers Out-of-Network benefits, you will usually have to pay Member Cost Sharing if you receive preventive care from a Non-Plan Provider.

The list on the following pages includes only the services and tests required under the Affordable Care Act. Your plan may cover additional preventive services purchased by an employer or required to be provided under state law. Please see your Benefit Handbook and Schedule of Benefits for these services.

What is Preventive Care?

Preventive care is care you receive when you're healthy and symptom-free, such as routine check-ups, screenings and immunizations.

Diagnosis and treatment are different from preventive care. They involve testing or treatment for a symptom or health issue you already have, such as an existing illness or injury. When a doctor takes steps to diagnose or treat your health condition, you will be responsible for Member Cost Sharing as stated in your plan.

PREVENTIVE CARE SERVICES

The preventive services and tests listed below are covered with no Member Cost Sharing when received from a Plan Provider.

Adults and Children

- Routine physical examinations
- Alcohol misuse screening and counseling (primary care visits only, beginning at age 11)
- Blood pressure screening, including home monitoring devices when needed to confirm a diagnosis of hypertension
- Cholesterol screening
- Depression screening (adults, children ages 12-18, primary care visits only)
- Diet behavioral counseling (included as part of annual visit and intensive counseling by primary care clinicians or by nutritionists and dieticians)
- Hemoglobin A1c

¹ Harvard Pilgrim includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company. If you have a Grandfathered Plan there will be a notice to that affect in your Schedule of Benefit.

- Hepatitis B screening for people at high risk of infection
- Hepatitis C screening (for adults ages 18-79)
- HIV screening, counseling and antiretroviral therapy for people at high risk of HIV acquisition
- Immunizations, including flu shots (flu shots at age 19 and above at a doctor's office or pharmacy; under age 19 at a doctor's office)
- Obesity screening and counseling (adults and children, in primary care settings)
- Sexually transmitted diseases (STDs) screenings and counseling (adolescents, adults and pregnant women)
- Skin cancer prevention counseling
- Tobacco use screening and counseling, including smoking cessation counseling and FDA-approved nicotine replacement therapy (primary care visits only)
- Total cholesterol tests

Adults Only

- Aspirin for the prevention of heart disease when prescribed by a health care provider
- Colorectal cancer screening, including colonoscopy, CT colonography and generic test prep kits, sigmoidoscopy and fecal occult blood test (i.e., Cologuard), ages 50–70
- Diabetes screenings
- Latent Tuberculosis Infection (LBTI) Screening screening for LBTI and asymptomatic adults at increased risk for infection
- Lung cancer screening for adults ages 55 to 80 who have a 30 pack per year smoking history and currently smoke or have quit within the past 15 years
- Screening (by asking questions, not testing biological specimens) for unhealthy drug use. Screening should be implemented when services for accurate diagnosis, effective treatment and appropriate care that can be offered or referred.
- Statins Statin use for the primary prevention of cardiovascular disease for at risk adults between ages 40 and 75

Women Only

- Aspirin (81 mg/day) for women who are at least 12 weeks pregnant and at high risk for preeclampsia
- Asymptomatic bacteriura with urine culture screening for pregnant women
- BRCA 1 or 2 genetic counseling, evaluation and testing for women with a family history associated with increased risk of mutation
- Breast cancer chemoprevention (counseling only for women at high risk for breast cancer and low risk for adverse effects of chemoprevention)
- Breast cancer screening, including mammograms and counseling for genetic susceptibility screening

FORM #1541 2

- Breast cancer risk reducing medications, such as Raloxifine, Tamoxifen or Aromatase Inhibitors, for women at increased risk for breast cancer and at low risk for adverse medication effects
- Breastfeeding primary care interventions (applicable to pregnant women and new mothers), including electric and manual breast pumps, lactation classes and support at prenatal and post-partum visits, and newborn visits
- Cervical cancer screening, including pap smears
- Comprehensive lactation support, counseling, and costs of renting breastfeeding equipment
- Contraceptive methods approved by the FDA², sterilization procedures and contraceptive patient education and counseling (contraceptives covered with no member cost sharing include generics and brand name drugs with no generic alternative, including emergency contraceptives.)
- Counseling intervention for pregnant and postpartum women who are at risk for perinatal depression
- Folic acid supplements (women planning or capable of pregnancy only)
- Gestational diabetes screening
- Hepatitis B screening for pregnant women at their first prenatal visit
- HPV (human papillomavirus) testing
- Interpersonal and domestic violence counseling and screenings
- Iron deficiency anemia screening (pregnant women at prenatal visits)
- Microalbuminuria test (pregnant women)
- Osteoporosis screening for women age 50 and above or who are at increased risk of osteoporosis
- Ovarian cancer susceptibility screening
- Over the counter contraceptive items such as sponges and spermicides, when prescribed by a health care provider
- Primary care assessment for women with personal or family history of breast, ovarian, tubal or peritoneal cancer or who have family history associated with breast cancer susceptibility of BRCA 1 or 2 gene mutations with an appropriate brief familial risk assessment tool. Women with positive tests should receive genetic counseling and, if indicated after counseling, genetic testing.
- Rh incompatibility screening for pregnant women and follow-up testing for women at higher risk
- Routine OB/GYN examinations

FORM #1541 | 3

² Plans provided by certain religious employers may be except from covering contraceptives services. Please see your Schedule of Benefit.

Routine outpatient prenatal and postpartum visits

Men Only

 Abdominal aortic aneurysm screening (one time only for males ages 65–75 who have ever smoked)

Children Only

- Autism screening (for children at 18 and 24 months of age; primary care settings)
- Behavioral assessments (children of all ages; developmental surveillance, in primary care settings)
- Congenital hypothyroidism (screening for newborns only)
- Dyslipidemia screening (for children at high risk for higher lipid levels)
- Fluoride-oral supplementation for children to age 5 Note: Coverage for oral fluoride supplementation is only provided if your plan includes outpatient pharmacy coverage.
- Fluoride varnish for children to age 5 only, when applied by primary care providers, including pediatricians. Maximum of four fluoride varnish applications are covered per year.
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening (screening for newborn only, primary care settings)
- Iron deficiency prevention (primary care counseling for children ages 6 to 12 months only)
- Lead screening (children at risk)
- Phenylketonuria screening (newborns before 7 days old)
- Prophylactic ocular topical medication for newborns to prevent gonococcal ophthalmia neonatorum
- Sickle cell disease screening (screening at birth and first newborn visit)
- Tuberculosis skin testing
- Tobacco use screening and intervention, including education or counseling, to prevent initiation of tobacco use among school-aged children and adolescents
- Vision screening (children to age 5 only)

ADDITIONAL INFORMATION ABOUT PREVENTIVE CARE

Under federal law the list of preventive services and tests covered under this benefit may change periodically based on the recommendations of the following agencies:

a. Grade "A" and "B" recommendations of the United States Preventive Services Task Force;

b. With respect to immunizations, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention; and

FORM #1541 | 4

c. With respect to services for woman, infants, children and adolescents, the Health Resources and Services Administration

Information on the recommendations of these agencies may be found on the web site of the US Department of Health and Human Services at:

https://www.healthcare.gov/what-are-my-preventive-care-benefits/#part=1

Harvard Pilgrim will add or delete services from this list of preventive services and tests in accordance with changes in the recommendations of the agencies listed above. You can find a list of the current recommendations for preventive care on Harvard Pilgrim's web site at www.harvardpilgrim.org.

FORM #1541 5