



## 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" plans<sup>1</sup>. 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 in a primary care setting
- Blood pressure screening, including home monitoring devices when needed to confirm a diagnosis of hypertension before starting treatment and screening for preeclampsia for women with blood pressure measurements throughout pregnancy
- Cholesterol screening
- Depression, anxiety, and suicide risk screening (primary care visits only)
- FDA approved condoms (male and female)

<sup>1</sup> 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.

- Health care providers may offer or refer for behavioral counseling interventions to promote a healthy diet and physical activity for adults with cardiovascular disease risk factors
- Hearing screening (up to age 21)
- Hematocrit or hemoglobin screening
- Hepatitis B screening for people at high risk of infection
- HIV screening, counseling and support services (consistent with CDC guidelines) and antiretroviral therapy for people at high risk of HIV acquisition
- Immunizations, including flu shots
- Interpersonal and domestic violence screening
- Nutritional counseling
- Obesity screening
- Sexually transmitted diseases (STDs) – screenings and counseling
- Skin cancer prevention counseling
- Tobacco use screening, behavioral interventions (primary care visits only) and FDA-approved pharmacotherapy cessation for those who use tobacco
- Vision screening (up to age 21 in a primary care setting)

### **Adults Only**

- Abdominal aortic aneurysm screening (one time only for males ages 65 – 75 who have ever smoked)
- Colorectal cancer screening, including a colonoscopy and a follow-up colonoscopy when abnormal findings are detected, CT colonography and generic test prep kits, sigmoidoscopy and fecal occult blood test (i.e., Cologuard, ages 45–75)
- Diabetes screening, ages 18 and above
- Falls prevention for community dwelling adults 65 years or older who are at increased risk for falls
- Hepatitis C screening, ages 18 – 79
- Lung cancer screening for adults ages 50 to 80 who have a 20 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 can be offered or referred.
- Statins – Statin use for the primary prevention of cardiovascular disease for high-risk adults between ages 40 and 75
- Tuberculosis screening for adults at increased risk

### **Women Only**

- Aspirin (81 mg/day) for women who are at least 12 weeks pregnant and at high risk for preeclampsia
- Asymptomatic bacteriuria with urine culture screening for pregnant women
- Behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy
- BRCA 1 or 2 genetic counseling, evaluation and testing in a primary care setting for women with a 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.
- Breast cancer chemoprevention (counseling only for women at high risk for breast cancer and low risk for adverse effects of chemoprevention)
- Breast cancer mammography screening, including additional imaging to address findings from the initial screening mammography. Additional imaging services include mammography, magnetic resonance imaging (MRI), ultrasound, and pathology evaluations.
- Breast cancer risk reducing medications, such as Raloxifene, Tamoxifen or Aromatase Inhibitors, for women at increased risk for breast cancer and at low risk for adverse medication effects
- Breastfeeding primary care interventions, including electric and manual breast pumps (including supplies), lactation classes and support at prenatal and post-partum visits, and newborn visits
- Contraceptive methods approved by the FDA<sup>2</sup>, 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.)
- Folic acid supplements (women planning or capable of pregnancy only)
- Gestational diabetes screening
- Hepatitis B screening for pregnant women at their first prenatal visit
- HIV screening for pregnant women, including those who present in labor at a delivery whose HIV status is unknown
- Iron deficiency anemia screening
- Osteoporosis screening for women age 40 and above or who are at increased risk of osteoporosis
- Paps smears for cervical cancer and Human Papillomavirus (HPV)

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<sup>2</sup> Plans provided by certain religious employers may be exempt from covering contraceptives services. Please see your Schedule of Benefit.

- Rh incompatibility screening for pregnant women and follow-up testing for women at higher risk
- Routine OB/GYN examinations
- Routine outpatient prenatal and postpartum visits
- Screening to determine need for counseling intervention for pregnant and postpartum women who are at increased risk of perinatal depression

### **Children Only**

- Behavioral assessments, autism and developmental screening (through age 21 in a primary care setting)
- Comprehensive, intensive behavioral intervention for children and adolescents 6 years or older with a high body mass index (BMI)
- Dyslipidemia screening
- Fluoride-oral supplementation for children through age 16. Note: Coverage for oral fluoride supplementation is only provided if your plan includes outpatient pharmacy coverage.
- Fluoride varnish for children through age 5, 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
- Hypothyroidism screening for newborns
- Iron deficiency prevention (primary care counseling for children ages 6 to 12 months only)
- Lead screening for children at risk
- Phenylketonuria screening (newborns up to 60 days from birth)
- Prophylactic ocular topical medication for newborns to prevent gonococcal ophthalmia neonatorum
- Sickle cell screening for newborns
- Tuberculosis screening
- Tobacco use screening and intervention, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents

### **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. United States Preventive Services Task Force (grade "A" and "B" recommendations);

- b. Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;
- c. Health Resources and Services Administration; and
- d. Bright Futures, American Academy of Pediatrics

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](http://www.harvardpilgrim.org)**.



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## Language Assistance Services

**Arabic (العربية)** انتبه: إذا كنت تتحدث لغة أخرى غير الإنجليزية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. يرجى الاتصال بالرقم الموجود على بطاقة هوية العضو الخاصة بك.

**French (Français)** ATTENTION : Si vous parlez une langue autre que l'anglais, des services d'assistance linguistique gratuits sont à votre disposition. Veuillez appeler le numéro indiqué sur votre carte d'adhérent.

**Greek (Ελληνικά)** ΠΡΟΣΟΧΗ: Εάν μιλάτε κάποια διλλή γλώσσα πέρα από τα αγγλικά, γλωσσικές υπηρεσίες χωρίς χρέωση είναι στα έτοιμα σας. Καλέστε τον αριθμό στην κάρτα μέλους σας.

**Gujarati (ગુજરાતી)** ધ્યાન આપો: જો તમે અંગ્રેજી સંવાય બીજી ભાષા બોલો છો, તો ભાષા હિંદુ વિઅંગ્રેજી, તમારા માટે મફત ઉપલબ્ધ છે. દુધા કરીને તમારા લિંગ આઈડી કાડડ પરના નંબર પર કોલ કરો.

**Haitian Creole (Kreyòl Ayisyen)** ATANSYON: Si w pale yon lang ki pa Anglè, gen sèvis èd pou lang ki disponib gratis pou ou. Tanpri rele nimewo ki sou kat ID mamm ou a.

**Hindi (हिन्दी)** ध्यान दें: अगर आप अंग्रेजी के अलावा कोई दूसरी भाषा बोलते हैं, तो भाषा सहायता सेवाएं आपके ललए ननशुल्क उपलब्ध हैं। कृपया अपने सदस्य आईडी काडड पर ददए गए नंबर पर कॉल करें।

**Italian (Italiano)** ATTENZIONE: se parli una lingua diversa dall'inglese, sono disponibili gratuitamente servizi di assistenza linguistica. Chiama il numero indicato sulla tua tessera membro identificativa.

**Khmer (កម្ពុជា)** ប្រាស់បានអូន កន្លែមយាយការណ៍បាលបុរីពីការសារអុំបែន្តោះ ស បសកកម្មម៉ែន យកាសាស ម៉ែនពតលប័ណ្ណជុំសាស ឈុំអាមេរិកបានសម្រាប់ កា ស មុខបីពីការអូនបាលបុរីលិខិត ID ការពារមីករាល់អូន កា

**Korean (한국어)** 알립니다: 영어 이외의 언어를 사용하신다면 언어 지원 서비스를 무료로 제공해 드립니다. 가입자 ID 카드에 명시된 번호로 전화하시기 바랍니다.

**Lao (ພາສາລາວ)** ກະຊວງ ອັບຊາບ: ຖ້າ ຖ້າມວັນພາສາອື່ນບໍ່ທີ່ພໍ່ມີພາສາ ແຈ້ງກວດ, ຖ້ານສາມາດໃຫ້ບື້ອກບໍ່ຕາມພາສາໄດ້ ໂດຍໜ້າເສຍ ຈາ. ກະຊວງໂທຫາເປີ່ງ ດີນ ບັດປະຈຳ ດີວະນາມຊື່ກວດຂອງ ທ່ານ.

**Polish (polski)** UWAGA: Jeśli posługiujesz się językiem innym niż angielski, możesz bezpłatnie korzystać z usług pomocy językowej. Zadzwoń pod numer podany na Twojej karcie członkowskiej.

**Portuguese (Português)** ATENÇÃO: caso fale outro idioma que não o inglês, são lhe disponibilizados gratuitamente serviços de assistência linguística. Ligue para o número no seu cartão de identificação de membro.

**Russian (Русский)** ВНИМАНИЕ! Если вы не говорите на английском языке, то можете бесплатно воспользоваться услугами языковой поддержки. Позвоните по номеру, указанному на вашей идентификационной карте участника.

**Spanish (Español)** ATENCIÓN: Si usted habla un idioma que no sea inglés, están disponibles para usted, sin costo, servicios de asistencia en otros idiomas. Llame al número que figura en su tarjeta de identificación de miembro.

**Traditional Chinese (繁體中文)** 注意事項：如果您講非英語的其他語言，我們可以為您提供免費的語言協助服務。請撥打您會員 ID 卡上的電話號碼。

**Vietnamese (Tiếng Việt)** LƯU Ý: Nếu quý vị nói ngôn ngữ khác không phải tiếng Anh, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Vui lòng gọi đến số điện thoại trên thẻ ID hội viên của quý vị.

**ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. Please call the number on your member ID card.

# General Notice About Nondiscrimination and Accessibility Requirements

Harvard Pilgrim Health Care and its affiliates as noted below ("HPHC") comply with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity). HPHC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity).

## HPHC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer (see below for contact information).

If you believe that HPHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity) you can file a grievance with:

### **Point32Health Civil Rights Legal Coordinator**

1 Wellness Way  
Canton, MA 02021-1166

866-750-2074, TTY service: 711  
Fax: 617-668-2754

Email: [OCRCordinator@point32health.org](mailto:OCRCordinator@point32health.org)

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

### **U.S. Department of Health and Human Services**

200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at  
[www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html)