

WHAT YOU NEED TO KNOW ABOUT PREVENTIVE HEALTH CARE COVERAGE

Wondering what preventive care services are covered by your health plan? As you're probably aware, the federal health care reform law passed in 2010 requires insurers to include specific preventive care services in their benefit plans. Regence supports that initiative. In fact, Regence plans already provided benefits for many preventive care services, as we have long believed that preventive care and early detection are key to the long-term health and well-being of our members. This brochure explains preventive care eligibility and shows which services are available to you and the family members covered by your plan.

Who's eligible for these preventive services?

To be eligible for these preventive services, you must first be covered by a current Regence policy.

Benefits for the federally required preventive services:

- Are not required in "grandfathered" policies, which are essentially policies that were in effect on March 23, 2010, as long as few or no benefit changes have been made to them (please note that Regence has chosen to retain grandfathered status for a very limited number of policies)
- May be covered by grandfathered plans that have chosen to include the benefit
- May apply to retiree-only plans
- Apply to Association plans at the Association's plan renewal date

What preventive services are covered?

Regence follows government guidelines to determine which preventive services we cover¹.

These guidelines are updated periodically to reflect new scientific and medical advances. Additionally, current services could be revised and subject to different limitations; thus, benefits are subject to change. New guidelines will be implemented within one year of the recommendation's publication.

You can learn more details about these services at healthcare.gov, including recommended child and adolescent immunization schedules.

What is the coinsurance/copay for these preventive services?

The services listed in this brochure will be paid at 100% (no deductibles, coinsurance or copays) when you see preferred or participating providers (Category 1 or Category 2) or in-network providers. Deductibles and/or coinsurance may apply when you see other providers.

To find out if you're eligible for preventive coverage, call the Customer Service number on the back of your member card or go to the "Contact Us" link at regence.com.

¹ Evidence-based preventive guidelines are developed and validated by the following government entities: United States Preventive Services Task Force (USPSTF), Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC), and Health Resources and Services Administration (HRSA).

Covered preventive services

Men	Women	Pregnant Women	Children (0-17)
-----	-------	----------------	-----------------

Health screenings, counseling and services for:	Suggested guidelines	Men	Women	Pregnant Women	Children (0-17)
Adult abdominal aortic aneurysm	Screening is covered once per lifetime for men age 65 and over if they have ever smoked.	✓			
Alcohol misuse	Screening and behavioral counseling intervention covered for adults age 19 and older.	✓	✓		
Anemia (iron deficiency)	Screening covered up to age 21 , and pregnant women.	✓	✓	✓	✓
Bacteriuria (urinary tract infection)	Screening for asymptomatic pregnant women.			✓	
Blood pressure	Screening covered for adults age 18 and older.	✓	✓		
Breast cancer	Screening for women age 40 and older and those at increased risk. Mammograms only.		✓		
Breast cancer chemoprevention	Counseling for women at increased risk.		✓		
Breastfeeding equipment	Manual and electric breastfeeding pumps are covered when purchased or rented from a licensed provider. Off-the-shelf pumps from a retail outlet are not covered. Hospital-grade pumps are not covered. <i>See Note 1.</i>		✓		
Breastfeeding - lactation support and counseling	Lactation support and counseling are covered when provided by a licensed provider.		✓		
Breastfeeding supplies	Initial breastfeeding supplies provided with a breastfeeding pump. <i>See Note 1.</i>		✓		
Cervical cancer	Screening for sexually active women.		✓		
Chlamydia infection	Screening for infection.		✓		
Cholesterol	Screening for men age 35 and older and men ages 20-35 who are at increased risk for coronary heart disease. Screening for women age 45 and older and those 20-45 who are at increased risk for coronary heart disease.	✓	✓		✓
Colorectal cancer	Screening for those age 50 and older, once every 5 years for a sigmoidoscopy and every 10 years for a colonoscopy, fecal occult blood testing annually.	✓	✓		
Congenital hypothyroidism	Screening for newborns.				✓
Contraceptive education and training	Education and training on contraceptive methods. <i>See Notes 1 and 2.</i>		✓		✓
Contraceptive devices - implants, cervical caps, intrauterine devices (IUDs), diaphragms	Generic contraceptive devices are covered. When no generic exists, a brand is covered. If a generic becomes available, the brand will no longer be covered under Preventive Care. Insertion of a device is covered under Preventive Care. Removal is covered at regular plan benefits if a Family Planning benefit applies. <i>See Notes 1 and 2.</i>		✓		✓
Depression screening	Screening during wellness exams.	✓	✓		✓
Diabetes (Type 2)	Screening for adults with sustained high blood pressure.	✓	✓		
Diabetes (Gestational)	Screening for pregnant women between 24 and 28 weeks of gestation and the first pre-natal visit for pregnant women at high risk for diabetes. <i>See Note 1.</i>			✓	
Diet behavioral counseling	Counseling for adults with hyperlipidemia and other risk factors.	✓	✓		
Genetic risk assessment and BRCA (breast cancer susceptibility) mutation counseling	For women with family risk of breast and ovarian cancer.		✓		
Gonorrhea medication	Preventive medication for the eyes of newborns.				✓
Gonorrhea screening	Screening for males up to age 21 and all females.	✓	✓		✓
Hearing	One screening in the first year of life for newborns.				✓

Covered preventive services

	Men	Women	Pregnant Women	Children (0-17)
Hepatitis B			✓	
HIV	✓	✓		✓
HPV		✓		
Interpersonal and domestic violence		✓		
Lead screening	✓	✓		✓
Metabolic screening				✓
Obesity	✓	✓		✓
Oral health				✓
Osteoporosis		✓		
Phenylketonuria (PKU)				✓
RH(D) incompatibility			✓	
Sexually transmitted infection (STI)	✓	✓		✓
Sickle cell				✓
Sterilization		✓		
Syphilis	✓	✓	✓	✓
Tobacco use	✓	✓	✓	
Tuberculosis				✓
Vision				✓
Immunization vaccines - please consult your physician for frequency				
Diphtheria, pertussis, tetanus (DPT)	✓	✓		✓
Haemophilus influenzae type b (Hib)				✓
Hepatitis A	✓	✓		✓
Hepatitis B	✓	✓		✓
Herpes zoster (shingles)	✓	✓		
Human papillomavirus (HPV)	✓	✓		✓
Inactivated poliovirus				✓
Influenza	✓	✓		✓
Measles, mumps, rubella (MMR)	✓	✓		✓
Meningococcal	✓	✓		✓
Pneumococcal	✓	✓		✓
Rotavirus				✓
Varicella	✓	✓		✓

Hepatitis B

Screening for pregnant women.

HIV

Screening and counseling during wellness exams for sexually active women.
Screening during wellness exams for men, women and children at increased risk.

HPV

Screening for women from age **30**, every 3 years. *See Note 1.*

Interpersonal and domestic violence

Screening and counseling during wellness exams. *See Note 1.*

Lead screening

Screening up to age **21**.

Metabolic screening

Screening up to age **2 months**.

Obesity

Screening and counseling for age **6** and older.

Oral health

Risk assessment for preschool children.

Osteoporosis

Screening for women age **65** and older and all women at increased risk.

Phenylketonuria (PKU)

Newborn screening for genetic disorders.

RH(D) incompatibility

Screening for pregnant women.

Sexually transmitted infection (STI)

Counseling during wellness exams.

Sickle cell

Screening for children up to **12 months** old.

Sterilization

Sterilization is covered. *See Notes 1 and 2.*

Syphilis

Screening for those at increased risk and those up to age **21**;
also includes pregnant women.

Tobacco use

Counseling and interventions. Does not include programs or classes.
See also "Tobacco use" below.

Tuberculosis

Skin test for children.

Vision

Screening for children ages **3 to 5**.

Immunization vaccines - please consult your physician for frequency

Diphtheria, pertussis, tetanus (DPT)

Haemophilus influenzae type b (Hib)

Hepatitis A

Hepatitis B

Herpes zoster (shingles)

Age **60** and older.

Human papillomavirus (HPV)

Up to age **27**.

Inactivated poliovirus

Influenza

Measles, mumps, rubella (MMR)

Meningococcal

Pneumococcal

Rotavirus

Varicella

Covered preventive services

Men	Women	Pregnant Women	Children (0-17)
-----	-------	----------------	-----------------

Prescription medications

Only the types of prescription medications listed below are covered under Preventive Care.

Medications require a prescription. Over-the-counter products are not covered.

Get the most value for your health care dollar with preferred medications. Learn more at regencex.com/learn/covered

Aspirin use for the prevention of cardiovascular disease	For men age 45-79 and women age 55-79 .	✓	✓	
Contraceptive injectables	Generic contraceptive injectables. See Notes 1 and 2.		✓	✓
Contraceptive pills	Generic contraceptive pills. See Notes 1 and 2.		✓	✓
Contraceptive products-topical	Diaphragms and patches. See Notes 1, 2 and 3.		✓	✓
Emergency contraceptive products	Generic contraceptive pills for age 16 and under. See Notes 1 and 2.			✓
Fluoride supplements	For children without sufficient fluoride in their water source.			✓
Folic acid supplements	For all women planning or capable of pregnancy.		✓	✓
Iron supplements	For children age 6-12 months at increased risk - drops only.			✓
Tobacco use	Generic tobacco cessation medications.	✓	✓	
Wellness exams	Suggested guidelines			
Well-child exams	For children through 17 years of age.			✓
Annual physical exams	Ages 18 and over.	✓	✓	

Notes:

1. This benefit is available upon renewal of your plan, on or after August 1, 2012.
2. This benefit may not be available to members of groups who have applied for a religious exemption from contraceptive coverage.
3. Generic contraceptives are covered. When no generic exists, a formulary brand is covered. If a generic becomes available, the formulary brand will no longer be covered under Preventive Care.

Have questions? Call the Customer Service number on the back of your member card or go to the "Contact Us" link at regence.com.