

In compliance with the Affordable Care Act, the following **preventive care services** are paid at 100% to participating providers starting as groups renew on or after September 23, 2010. Along with the following limitations, please note that we must pay your claim the way it is billed by your provider. If you were expecting your claim to be paid as a preventive service, but it was not, your Explanation of Benefits (EOB) statement may help you understand how it was billed.

Preventive Care Limits – Idaho Preferred Plans*	
Well Baby	Ages to 36 months: 13 visits (12 plus one in-hospital exam)
Routine Physicals	One per calendar year (no dollar limit)
Routine Gynecological Exams	Exam: One per calendar year (no dollar limit) Mammogram–Women: baseline age 35–39 years; one every two years age 40–49 years; annually age 50+ years; at any time for medical cause or provider referral* Pelvic/Pap: annually age 18–64 years or by referral Breast exam: annually age 18+ years or as recommended by a healthcare provider  <i>*Nonroutine or subsequent mammograms are paid under Diagnostic Radiology.</i>
Colorectal Cancer Screening	For ages 50 to 75 years: one screening every ten years. Includes fecal, occult blood test, flexible sigmoidoscopy, routine colonoscopy, and double contrast barium enema.  <i>Colonoscopies for medical diagnosis, under age 50 years, <u>or</u> out-of-network are paid under Outpatient Surgery/Services.</i>
Prostate Cancer Screening	Includes: digital rectal examination and a prostate specific antigen test.
Immunizations	Recommended childhood and adult immunization schedules adopted by the CDC. (Visit <a href="http://www.cdc.gov/vaccines/recs/schedules/default.htm">CDC.gov/vaccines/recs/schedules/default.htm</a> .) Includes seasonal flu vaccine.
Tobacco Cessation	Maximum lifetime benefit of two quit attempts when using a PacificSource approved program (Quit for Life®) only.
Routine Eye Exams	One per calendar year if plan includes coverage for routine eye exam
Other Medical	The following are covered based on <i>specific criteria</i> outlined in the USPSTF Preventive Care Grade A and B Recommendations ( <a href="http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm">http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm</a> ): counseling for a healthy diet, sexually transmitted infections, and tobacco use; prophylactic medication for gonorrhea (newborns); and screening for hemoglobinopathies, iron deficiency anemia, osteoporosis, Rh incompatibility for first pregnancy visit and at 24–28 weeks gestation, and syphilis; and screening and counseling for obesity (adults and children).
Pharmacy	Unless otherwise noted, a written prescription is required, even if the covered drug is over-the-counter. A 90-day supply is allowed at participating retail and mail-order pharmacies, unless otherwise noted. <ul style="list-style-type: none"> <li>• Aspirin: Ages 45 and over to prevent Cardiovascular Disease. Generic 81–325 mg only.</li> <li>• Folic Acid: Women through age 55 years only. Single entity only.</li> <li>• Fluoride: Through age 6 years only. Single entity only.</li> <li>• Iron: Through age 1 year only. Single entity only.</li> <li>• Nicotine Replacement: If enrolled in the Quit for Life® program, an 8-week supply of nicotine patches or gum is provided, or a 12-week supply of Zyban or Chantix can be obtained at a participating pharmacy.</li> <li>• Seasonal Flu Vaccine: Once every 180 days at participating pharmacy clinics.</li> </ul>

*\*The information presented here applies to our standard plans. Your benefits may vary if your large employer (100+ employees) is grandfathered under healthcare reform or opted to customize benefits. If you have benefit questions, please check your Member Benefits Handbook or contact our Customer Service Department at (800) 688-5008.*