

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	
Well Baby	Ages to 36 months: 13 visits (12 plus one in-hospital exam)
Routine Physicals	Ages 3–21: one exam per year (12 months) Ages 22–34: one exam every four years (48 months) Ages 35–59: one exam every two years (24 months) Ages 60 and older: one exam per year (12 months)
Routine Gynecological Exams	Exam: one per calendar or plan year Mammogram: annual with or without referral* Pelvic/Pap: annual ages 18–64; anytime with referral Breast exam: annual age 18 years and older; anytime if recommended by a healthcare provider  <i>*Nonroutine and 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	Not covered as part of medical plan.
Routine Dental Exams	Not covered as part of medical plan.
Other Medical	The following are also 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 stated, a written prescription is required, even if the covered drug is over-the-counter. A 90-day supply is allowed at both 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 (888) 977-9299.*