



United Benefit Fund – Preventive Medical Plan

Coverage Period: 01/01/2017 - 12/31/2017



Summary of Benefits and Coverage: What This Plan Covers & What it Costs

Coverage for: Employee & Family

Plan Type: PPO



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document. To find a provider participating in the MultiPlan Limited Benefit Plan Network, call 800-457-1403 or www.multiplan.com

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$0	See the Common Medical Events chart for your costs for services this plan covers.
Are there other deductibles for specific services?	No. There are no other deductibles .	You don't have to meet deductibles for specific services, but see the Common Medical Events chart for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	No.	There's no limit on how much you could pay during a coverage period for your share of the cost of covered services.
What is not included in the out-of-pocket limit?	This plan has no out-of-pocket limit .	Not applicable because there's no out-of-pocket limit on your expenses.
Is there an overall annual limit on what the plan pays?	No. This policy has no overall annual limit on the amount it will pay each year.	The Common Medical Events chart describes any limits on what the plan will pay for specific covered services, such as office visits.
Does this plan use a network of providers?	Yes, this plan uses network providers . If you use a non-network provider your cost may be more. To find a provider participating in the <u>MultiPlan Limited Benefit Plan Network</u> , call 800-457-1403 or www.multiplan.com	If you use a network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your network doctor or hospital may use a non-network provider for some services. Plans use the term network, preferred , or participating for providers in their network . See the Common Medical Events chart for how this plan pays different kinds of providers .
Do I need a referral to see a specialist?	No. You don't need a referral to see a specialist .	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed under Services Your Plan Does NOT Cover. See your policy or plan document for additional information about excluded services .

Questions: To find a provider participating in the MultiPlan Limited Benefit Plan Network, call 800-457-1403 or www.multiplan.com. If you aren't clear about any of the terms used in this form, see the Glossary. You can view the Glossary at cms.gov/CCIIO/Resources/Files/Downloads/uniform-glossary-final.pdf or call the phone number above to request a copy.

This is only a summary. It in no way modifies your benefits as described in your plan documents. Please refer to your plan documents provided by your employer for complete terms of this plan.

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Co-payments (copays) are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.

Co-insurance (co-ins) is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **co-insurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.

The amount the plan pays for covered services is based on the **allowed amount**. If a non-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if a non-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)

This plan only covers services if rendered by network **providers**. Exceptions include emergency services as described in your policy.

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Network Provider	Non-Network Provider	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Not Covered	Not Covered	No Coverage for Primary care visits to treat an injury or illness.
	Specialist visit	Not Covered	Not Covered	No Coverage for Specialists.
	Other practitioner office visit	Not Covered	Not Covered	No Coverage for Other practitioners.
	Preventive care / screening / immunization	No Charge	Not Covered	Includes preventive health services specified in the health care reform law.
If you have a test	Diagnostic test (x-ray, blood work)	Not Covered	Not Covered	No Coverage for Diagnostic Tests.
	Imaging (CT / PET scans, MRIs)	Not Covered	Not Covered	No Coverage for Imaging.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at myuhc.com	Tier 1 – Your Lowest-Cost Option	Not Covered	Not Covered	No coverage for prescription drugs, except for Tier 1 Contraceptives covered at No Charge. Retail: Up to a 31 day supply Mail-Order: Up to a 90 day supply If you use a non-network Pharmacy, you are responsible for any amount over the allowed amount.
	Tier 2 – Your Midrange-Cost Option	Not Covered	Not Covered	
	Tier 3 – Your Highest-Cost Option	Not Covered	Not Covered	
	Tier 4 – Additional High-Cost Options	Not Applicable	Not Applicable	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Not Covered	Not Covered	No Coverage for Facility Fee.
	Physician / surgeon fees	Not Covered	Not Covered	No Coverage for Physician/Surgeon fees.
If you need immediate medical attention	Emergency room services	Not Covered	Not Covered	No Coverage for Emergency Room Services.

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Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Network Provider	Non-Network	
	Emergency medical transportation	Not Covered	Not Covered	No Coverage for Emergency medical transportation.
	Urgent care	Not Covered	Not Covered	No Coverage for Urgent care.
If you have a hospital stay	Facility fee (e.g., hospital room)	Not Covered	Not Covered	No Coverage for Facility fee.
	Physician / surgeon fees	Not Covered	Not Covered	No Coverage for Physician/surgeon fees.
If you have mental health, behavioral health, or substance abuse needs	Mental / Behavioral health outpatient services	Not Covered	Not Covered	No coverage for Mental/Behavioral health outpatient services.
	Mental / Behavioral health inpatient services	Not Covered	Not Covered	No coverage for Mental/Behavioral health inpatient services.
	Substance use disorder outpatient services	Not Covered	Not Covered	No coverage for Substance use disorder outpatient services.
	Substance use disorder inpatient services	Not Covered	Not Covered	No coverage for Substance use disorder inpatient services.
If you become pregnant	Prenatal and postnatal care	Routine Prenatal: No Charge Postnatal: Not Covered	Not Covered	Postnatal care is not covered
	Delivery and all inpatient services	Not Covered	Not Covered	No Coverage for Delivery or inpatient services.
If you need help recovering or have other special health needs	Home health care	Not Covered	Not Covered	No Coverage for Home health care.
	Rehabilitation services	Not Covered	Not Covered	No Coverage for Rehabilitation services.
	Habilitative services	Not Covered	Not Covered	No Coverage for Habilitative services.
	Skilled nursing care	Not Covered	Not Covered	No Coverage for Skilled nursing care.
	Durable medical equipment	Not Covered	Not Covered	No Coverage for Durable medical equipment.
	Hospice service	Not Covered	Not Covered	No Coverage for Hospice service.
If your child needs dental or eye care	Eye exam	Not Covered	Not Covered	No Coverage for Eye Exams.
	Glasses	Not Covered	Not Covered	No Coverage for Glasses.
	Dental check-up	Not Covered	Not Covered	No Coverage for Dental check-up.

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Excluded Services & Other Covered Services

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)			
Acupuncture Bariatric surgery Chiropractic care Cosmetic surgery Delivery and all inpatient services Dental care (Adult/Child) Diagnostic test (x-ray, blood work) Durable medical equipment	Emergency medical transportation Emergency room services Facility fee (e.g., hospital room) Glasses (Adult/Child) Habilitative services Hearing aids Home health care Hospice service	Imaging (CT / PET scans, MRIs) Infertility treatment Long-term care Mental / Behavioral health services Non-emergency care when traveling outside the U.S. Other practitioner office visit Physician / surgeon fees Postnatal care	Private-duty nursing Rehabilitation services Routine eye care (Adult/Child) – limitations may apply Routine foot care Skilled nursing care Specialist Visit Substance Use Disorder services Urgent care Weight loss Programs
Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)			



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Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the **premium** you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-866-747-1019. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or visit <http://www.dol.gov/ebsa>, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or visit <http://www.cciio.cms.gov>.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact the Member Service number listed on the back of your ID card or visit www.multiplan.com or the Employee Benefits Security Administration at 1-866-444-3272 or visit www.dol.gov/ebsa/healthreform.

Additionally, a consumer assistance program may help you file your appeal. A list of states with Consumer Assistance Programs is available at www.dol.gov/ebsa/healthreform and <http://cciio.cms.gov/programs/consumer/capgrants/index.html>.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” This plan or policy does provide minimum essential coverage.

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). This health coverage does not meet the minimum value standard for the benefits it provides.

Language Access Services:

Para obtener asistencia en Español, llame al 1-718-416-4020.

如果需要中文的帮助，请拨打这个号码 1-718-416-4020.

Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-718-416-4020.

Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-718-416-4020.

-----To see examples of how this plan might cover costs for a sample medical situation, see the next page.-----



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About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

 **This is not a cost estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan Pays \$2,240
- Patient Pays \$5,300

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$0
Co-pays	\$0
Co-insurance	\$0
Limits or exclusions	\$5,300
Total	\$5,300

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan Pays \$50
- Patient Pays \$5,350

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$0
Co-pays	\$0
Co-insurance	\$0
Limits or exclusions	\$5,350
Total	\$5,350



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Questions and answers about Coverage Examples:

<p>What are some of the assumptions behind the Coverage Examples?</p> <p>Costs don't include premiums. Sample care costs are based on national averages supplied to the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.</p> <p>The patient's condition was not an excluded or preexisting condition.</p> <p>All services and treatments started and ended in the same coverage period.</p> <p>There are no other medical expenses for any member covered under this plan.</p> <p>Out-of-pocket expenses are based only on treating the condition in the example.</p> <p>The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.</p> <p>If other than individual coverage, the Patient Pays amount may be more.</p>	<p>What does a Coverage Example show?</p> <p>For each treatment situation, the Coverage Example helps you see how deductibles, co-payments, and co-insurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.</p>	<p>Can I use Coverage Examples to compare plans?</p> <p>✓ Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides</p>
	<p>Does the Coverage Example predict my own care needs?</p> <p>× No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.</p>	<p>Are there other costs I should consider when comparing plans?</p> <p>✓ Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as co-payments, deductibles, and co-insurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.</p>
	<p>Does the Coverage Example predict my future expenses?</p> <p>× No. Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.</p>	

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* Preventive Care Services		No Co-payment Required For Preventative Care Services
Abdominal Aortic Aneurysm Screening: Men	One-time screening for abdominal aortic aneurysm by ultrasonography in men ages 65 to 75 years who have ever smoked.	
Alcohol Misuse - Screening And Counseling	Clinical screenings of persons age 11 years or older for alcohol misuse and brief behavioral counseling	
Aspirin To Prevent Cardiovascular Disease: Men	Coverage for aspirin for men ages 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.	
Behavioral Counseling To Prevent Cardiovascular Disease: Men	Behavioral counselling for overweight or obese adults with CVD risk factors.	
Hypertension Screening	Clinical screening for hypertension in adults, age 18 years and older.	
Blood Pressure Screening In Adults	Clinical screening for high blood pressure in adults, age 18 years and older.	
Cholesterol Abnormalities Screening: Men 35 And Older	Clinical screening for men age 35 years and older for lipid disorders.	
Cholesterol Abnormalities Screening: Men Younger Than 35	Clinical screening for men ages 20 to 35 years for lipid disorders if they are at increased risk for coronary heart disease.	
Colorectal Cancer Screening	Clinical screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years.	
Depression Screening: Adolescents	Clinical screening of adolescents (ages 11-18 years) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up.	
Depression Screening: Adults	Clinical screening of adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.	
Diabetes Screening	Clinical screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.	
Falls Prevention In Older Adults: Exercise Or Physical Therapy	Exercise or physical therapy to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls.	
Falls Prevention In Older Adults: Vitamin D	Vitamin D supplementation to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls.	
Gonorrhea Prophylactic Medication: Newborns	Coverage for prophylactic ocular topical medication for all newborns for the prevention of gonococcal ophthalmia neonatorum.	
Healthy Diet Counseling	Intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.	
Hepatitis B screening	For people at high risk, including people from countries with 2% or more Hepatitis B prevalence, and U.S.-born people not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence.	
Hepatitis C Virus Infection Screening: Adults	Clinical screening for hepatitis C virus (HCV) infection in persons at high risk for infection. One-time screening for HCV infection to adults born between 1945 and 1965.	
HIV Screening: Non-pregnant Adolescents And Adults	Clinical screening for HIV infection in adolescents and adults ages 15 to 65 years. Screening for younger adolescents and older adults who are at increased risk are also covered.	
Lung cancer screening	For adults 55 - 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years.	
Obesity Screening And Counseling: Adults	Clinical screening for all adults for obesity. Referrals for patients with a body mass index of 30 kg/m ² or higher to intensive, multicomponent behavioral interventions.	
Phenylketonuria Screening: Newborns	Clinical screening for phenylketonuria in newborns.	

Sexually Transmitted Infections Counseling	High-intensity behavioral counseling to prevent sexually transmitted infections (STIs) in all sexually active adolescents and for adults at increased risk for STIs.
Skin Cancer Behavioral Counseling	Counseling for children, adolescents, and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.

Syphilis Screening: Non-pregnant Persons	Clinical screening for all individuals at increased risk for syphilis infection.
Tobacco Use Counseling And Interventions: Persons Age 5+	Counseling for all persons age 5 and older regarding tobacco use and tobacco cessation interventions for those who use tobacco products.

Preventive Care for Children	No Co-payment Required For Preventative Care Services
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Flouride Varnish	Flouride varnish for infants and children at age of primary teeth eruption.
Flouride Supplements	Flouride supplements for children 6+ months without fluoride in water source.
Prenatal History and Physical exams	History and physical exams in prenatal care.
Measurements	Length/height and weight. Head circumference, weight for length.
Autism Screening	Clinical screening for autism for children at 18 months to 24 months.
Behavioral Assessments	Pyschosocial screening for newborns.
Dental Caries Prevention: Preschool Children	Prescriptions made by primary care clinicians of oral fluoride supplementation at currently recommended doses to preschool children older than age 6 months whose primary water source is deficient in fluoride.
Developmental Screening	Clinical screening of developmental skills for children under age three.
Dyslipidemia Screening	Clinical screening for children at higher risk of lipid disorders.
Hematocrit or Hemoglobin Screening	Clinical screening for anemia for children ages 6 months +
Hearing Loss Screening: Newborns	Clinical screening for hearing loss in all newborn infants.
Hemoglobinopathies Screening: Newborns	Clinical screening for sickle cell disease in newborns.
Hypothyroidism Screening: Newborns	Clinical screening for congenital hypothyroidism in newborns.
Iron Supplementation In Children	Routine iron supplementation for asymptomatic children ages 6 to 12 months who are at increased risk for iron deficiency anemia.
Blood Screening	Clinical screening for children ages 0 to 2 months.
Critical Congenital Health Defect Screening	Screening for critical congenital health defects in newborns.
Lead Screening	Lead screening for children at risk of exposure.
Obesity Screening And Counseling: Children	Clinical screening for children age 6 years and older for obesity and referrals to comprehensive, intensive behavioral interventions to promote improvement in weight status.
Oral Health Risk Assessment	Clinical screening for oral health risks in children ages 0 to 11 months.
Tuberculin Testing	Tuberculin testing for children at higher risk of tuberculosis from 0 to 17 years old

Visual Acuity Screening In Children	Clinical screening for all children at least once between the ages of 3 and 5 years, to detect the presence of amblyopia or its risk factors.
Women's Preventive Health Care Services No Co-payment Required For Women's Preventive Care Services	
Well Woman Visits	One annual well woman preventive care visit (except where several visits are needed to obtain all necessary recommended preventive services, depending on the woman's health status, health needs, and other risk factors) for all adult women in order to obtain the recommended preventive services that are age and developmentally appropriate, including preconception care and the services necessary for prenatal care.

Anemia Screening: Pregnant Women	In conjunction with each pregnancy a routine screening for iron deficiency anemia in asymptomatic pregnant women is covered.
Preclampsia Preventive Medicine: Pregnant Women	Preclampsia preventive medicine for pregnant women at high risk.
Low-dose Aspirin: Pregnant Women	Low-dose aspirin for at risk women after 12 weeks of gestation.
Aspirin To Prevent Cardiovascular Disease: Women	Coverage for aspirin for women ages 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage.
Behavioral Counselling To Prevent Cardiovascular Disease: Women	Behavior counselling for overweight or obese adults with CVD risk factors.
Bacteriuria Screening: Pregnant women	In conjunction with each pregnancy, screening for asymptomatic bacteriuria with urine culture in pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.
BRCA Screening and Counseling	Genetic counseling and evaluation for BRCA testing referred for women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes.
Breast Cancer Preventative Medication	Clinical consultations to discuss chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention and to inform patients of the potential benefits and harms of chemoprevention.
Breast Cancer Screening	Screening mammography for women, with or without clinical breast examination, every 1 to 2 years for women age 40 years and older.
Breastfeeding Support, Supplies And Counseling	In conjunction with each birth comprehensive lactation support and counseling to promote and support breastfeeding, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment.
Cervical Cancer Screening	Clinical screening for cervical dysplasia for all sexually active women.
Cervical Dysplasia Screening	Clinical screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.
Chlamydial Infection Screening: Non-pregnant Women	Clinical screening for chlamydial infection in all sexually active non-pregnant young women age 24 years and younger and for older non-pregnant women who are at increased risk.
Chlamydial Infection Screening: Pregnant Women	Clinical screening for chlamydial infection in all pregnant women age 24 years and younger and for older pregnant women who are at increased risk.
Cholesterol Abnormalities Screening: Women 45 And Older	Clinical screening women age 45 years and older for lipid disorders if they are at increased risk for coronary heart disease.
Cholesterol Abnormalities Screening: Women Younger Than 45	Clinical screening women ages 20 to 45 years for lipid disorders if they are at increased risk for coronary heart disease.

Contraceptive Methods And Counseling	As prescribed, all Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.
Counseling And Screening For Human Immune-Deficiency Virus	Annual counseling and screening for human immune-deficiency virus infection for all sexually active women.
Counseling For Sexually Transmitted Infections	Annual counseling on sexually transmitted infections for all sexually active women.
Folic Acid Supplementation	Coverage of a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid for all women planning or capable of pregnancy.
Gestational Diabetes Screening	Screening for gestational diabetes in pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes.

Gonorrhea Screening: Women	Clinical screening for all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection (that is, if they are young or have other individual or population risk factors).
Hepatitis B Screening: Pregnant Women	Screening for hepatitis B virus infection in pregnant women at their first prenatal visit.
HIV Screening: Pregnant Women	Clinical screenings for all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.
Sexually Transmitted Infection Screening: Women	Clinical screening for all sexually active women, including those who are pregnant, for sexually transmitted infections if they are at increased risk for infection.
Human Papillomavirus Testing	Clinical screening and testing for high-risk human papillomavirus DNA in women with normal cytology results beginning at 30 years of age. Screening covered once every 3 years.
Interpersonal and Domestic Violence Care	Screening and counseling for interpersonal and domestic violence for women of all ages.
Intimate Partner Violence Screening: Women of Childbearing Age	Clinical screening for women of childbearing age, with or without signs or symptoms of abuse, for intimate partner violence, such as domestic violence, and referrals for women who screen positive to intervention services.
Osteoporosis Screening: Women	Clinical screening for osteoporosis in women age 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors.
Rh Incompatibility Screening: 24-28 Weeks Gestation	Repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.
Rh Incompatibility Screening: First Pregnancy Visit	Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.
Syphilis Screening: Pregnant Women	Clinical screening for all pregnant women for syphilis infection.
Tobacco Use Counseling: Pregnant Women	Counseling for all pregnant women regarding tobacco use and augmented, pregnancy-tailored counseling for those who continue to smoke during pregnancy.

Vaccines and Immunizations	
No Co-payment Required For Immunizations and Vaccinations.	
Anthrax	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
BCG	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
DTaP	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.

Haemophilus Influenzae Type B	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Hepatitis A	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Hepatitis B	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.

Heritable disorders in newborns and children	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Hib	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Hib and DTP	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
HPV	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Inactivated Poliovirus	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Influenza	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Japanese Encephalitis	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Measles, Mumps & Rubella	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Meningococcal	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
MMR/varicella vaccine	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
MMRV	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Obesity screening and counseling for children	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Pneumococcal (Conjugate, Polysaccharide)	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.

Polio	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Rabies	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Rotavirus	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.

Smallpox (Vaccinia)	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Tdap	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Tdap and Td Vaccines and Pregnancy	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Tetanus, Diphtheria, Pertussis	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Typhoid	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Varicella (Chickenpox)	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Yellow Fever	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Herpes Zoster	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Zoster (Shingles)	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.

Note: Unless noted, applicable age for the recommendations is age18+. Pregnancy-related applies to pregnant women. Age ranges are meant to encompass the broadest range possible. Each service may only be covered for certain age groups or based on risk factors.

Source: CMS, Affordable Care Act Implementation FAQ's Set 18. CMS, Preventive Health Services for Adults. More information about each of the items in this table, including details on periodicity, age, risk factors, and specific tests and procedures are available at the following websites: USPSTF; ACIP; HRSA Women's Preventive Services.