

# ■ Preventive care ■

## Preventive care helps keep members healthy

At Coventry Health Care, we encourage members to receive preventive care items and services. The Affordable Care Act (ACA) requires specific preventive services and drugs to be covered at 100 percent when they are received through participating providers. **Members who use our network providers will receive certain preventive care services and specific drugs paid at 100 percent.**

## Coverage for preventive services

Here are some examples of the preventive services that may be covered with no copay, coinsurance or deductible if received in network:

Child preventive	Adult preventive
<b>Exams:</b> Preventive office visits including well-child care	<b>Exams:</b> Preventive office visits including well-woman exam
<b>Immunizations</b> ( <i>vaccines for children, birth to age 18 — doses, recommended ages and populations vary</i> ): Influenza (flu) Pneumonia Hepatitis A Hepatitis B Tetanus, diphtheria, pertussis (Td/Tdap) Varicella (chickenpox) Measles, mumps, rubella (MMR) Polio Rotavirus Meningococcal Human papillomavirus (HPV) Haemophilus influenzae type b (Hib)	<b>Immunizations</b> ( <i>vaccines for adults — doses, recommended ages and populations vary</i> ): Influenza (flu) Pneumonia Hepatitis A Hepatitis B Tetanus, diphtheria, pertussis (Td/Tdap) Varicella (chickenpox) Measles, mumps, rubella (MMR) Meningococcal Zoster Human papillomavirus (HPV)
<b>Screenings:</b> Hearing, vision, blood pressure, obesity, phenylketonuria (newborns), sickle cell disease (newborns)	<b>Screenings:</b> Breast cancer, cervical cancer/dysplasia, colorectal cancer, prostate cancer, HIV, routine blood and urine, cholesterol, osteoporosis, obesity, HPV, hepatitis C, alcohol misuse, lung cancer (effective January 1, 2015)
<b>Newborn preventive treatment:</b> Ocular medication against gonorrhea for all newborns	

The list is subject to change as federal guidance is issued. The full list of covered preventive services issued with the Interim Final Rules can be found at [www.healthcare.gov/coverage/preventive-care-benefits](http://www.healthcare.gov/coverage/preventive-care-benefits).

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## Coverage for specific drugs

Here are the specific drugs that will be covered for certain populations with no copay, coinsurance or deductible. Only the drugs on this list are covered at 100 percent. You will need a prescription from your doctor to receive the 100 percent benefit. Take your prescription to one of the 67,000 pharmacy network providers. The pharmacist will submit the claim to us. To find a pharmacy near you, go to the web address on your member ID card or visit [www.express-scripts.com](http://www.express-scripts.com).

**Aspirin (over the counter)** — dose: 75 mg and 81 mg, men and women ages 50 – 59 when prescribed by a doctor; aspirin 81 mg is covered for preeclampsia

**Folic acid (over the counter)** — dose: 0.4 mg to 0.8 mg (400 to 800 µg)

**Oral fluoride (prescription supplements)** — children 6 months to 5 years of age who are without fluoride in their water source

**Vitamin D supplement (over the counter and prescription)** — adults ages 65 and older

**Tobacco-cessation medications approved by the U.S. Food and Drug Administration (FDA)** (prescription and over the counter when prescribed by a health care provider and filled at a participating pharmacy)

**Preventive breast cancer medications (prescription)** — risk-reducing medications, such as tamoxifen and raloxifene, for women ages 35 and older who have an increased risk for breast cancer

**FDA-approved female contraception methods and contraceptive counseling** (subject to standard medical management and formulary restrictions)\*

\*Certain religious employers that offer insurance to their employees are not required to cover contraceptive services.

## Talking with your provider about preventive care

We process claims based on your provider's clinical assessment of the office visit. If a preventive item or service is billed separately, cost sharing may apply to the office visit. If the primary reason for your visit is seeking treatment for an illness or condition, and preventive care is administered during the same visit, cost sharing may apply. This means your provider may ask you to pay your appropriate health plan copay, deductible or coinsurance.

Certain screening services may identify health conditions that require further testing or treatment. If a condition is identified through a preventive screening, any subsequent testing, diagnosis, analysis or treatment are not considered preventive services and are subject to the appropriate cost sharing. However, if a polyp is discovered during a preventive colonoscopy, its removal will be covered with no cost sharing for the member if performed by a network provider.

If you have questions about a claim or provider visit, please call the customer service number on your member ID card or speak with your provider. Please regularly check our website for new information about preventive care coverage as the government agencies refine guidance and requirements.

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## Plan limitations and exclusions

Our plans do not cover all health care expenses and include exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on the plan design or rider(s) purchased.

- All medical and hospital services not specifically covered in, or which are limited or excluded by, your plan documents including costs of services before coverage begins and after coverage terminates
- Cosmetic surgery
- Custodial care
- Dental care and dental X-rays
- Donor egg retrieval
- Durable medical equipment
- Experimental and investigational procedures (except for coverage for medically necessary routine patient care costs for members participating in a cancer clinical trial)
- Hearing aids
- Home births
- Immunizations for travel or work
- Implantable drugs and certain injectable drugs including injectable infertility drugs
- Infertility services including, but not limited to, artificial insemination and advanced reproductive technologies such as in vitro fertilization, zygote intrafallopian transfer, gamete intrafallopian transfer, intracytoplasmic sperm injection and other related services unless specifically listed as covered in your plan documents
- Nonmedically necessary services or supplies
- Orthotics except diabetic orthotics
- Outpatient prescription drugs (except for treatment of diabetes), unless covered by a prescription plan rider, and over-the-counter medications (except as provided in a hospital) and supplies
- Radial keratotomy or related procedures
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies including therapy, supplies or counseling
- Special duty nursing
- Therapy or rehabilitation other than those listed as covered in the plan documents
- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including morbid obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions