

## Preventive Benefits

### Active and Non-Medicare Eligible Retiree Members

The Patient Protection and Affordable Care Act requires plans to cover In-Network Preventive Care services according to guidelines established by various sources. The PEBTF provides coverage for the following Preventive Care services under all of its medical plans at 100% for Network Preventive Care.

Preventive Care follows:

**USPSTF:** Evidence-based items or services that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force (USPSTF).

<https://www.uspreventiveservicestaskforce.org/uspstf/>

**ACIP (CDC):** Immunizations for routine use in children, adolescents and adults that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention ACIP (CDC). For more information, visit:

<https://www.cdc.gov/vaccines/hcp/imz-schedules/index.html>

**HRSA:** With respect to infants, children and adolescents, evidence-informed Preventive Care and screenings provided for in comprehensive guidelines support by the Health Resources and Services Administration (HRSA). <https://www.hrsa.gov/>

**HRSA:** With respect to women, to the extent not described above, evidence informed Preventive Care and screenings provided for in binding comprehensive health plan coverage guidelines supported by the HRSA. <https://www.hrsa.gov/>

**PA State Board of Pharmacy:** Immunizations provided in accordance with treatment guidelines of the Pennsylvania State Board of Pharmacy, including guidelines of competent authorities that are so recognized by the Pennsylvania State Board of Pharmacy pursuant to 49 Pa. Code 403(e).

Apart from PSA testing for prostate cancer, items and services that constitute preventive care may be found at: <https://www.healthcare.gov/coverage/preventive-care-benefits/>.

The PEBTF will follow the broadest coverage recommendations based on the identified governing bodies.

In accordance with applicable law, coverage for certain services will be determined by an individual's anatomy and not by that individual's gender identity.

The below preventive care items are not all inclusive; the PEBTF follows the guidelines as set forth above. These guidelines are subject to change.

Preventive Care Services	Frequency/Comments
Adults	
Abdominal aortic aneurysm screening	One time screening for men ages 65 to 75 years who have ever smoked
Adult routine physical exams and Preventive Care (age 19 and over)	One per calendar year

Preventive Care Services	Frequency/Comments
Alcohol screening and counseling (unhealthy alcohol use)	One per calendar year; screening in accordance with the USPSTF guidelines; any future treatment must be obtained under the mental health and substance use benefit
Blood pressure screening /screening for hypertension(includes pregnant and postpartum persons)	Screening in accordance with the USPSTF guidelines
Anxiety disorder screening	Adults 64 years or younger, including pregnant and postpartum persons
Cholesterol screening	One per calendar year
Colorectal cancer screening – for adults 45 years and older	Fecal occult blood testing or fecal immunochemical test (FIT) – annually Cologuard – every 3 years CT colonography – every 5 years Sigmoidoscopy – every 5 years Screening colonoscopy – every 10 years, regardless of whether an abnormality for such test is seen or suspected, subject to the same timeframe listed above
Depression and suicide risk screening (includes pregnant and postpartum persons)	One per calendar year; in accordance with USPSTF guidelines; any future treatment must be obtained under the mental health and substance use benefit
Diabetes screening (prediabetes and Type 2)	One per calendar year; screening in accordance with the USPSTF guidelines
Falls prevention in community-dwelling older adults	Exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk of falls
Healthy Diet Counseling and Physical Activity for Cardiovascular Disease Prevention – for adults with known risk factors for cardiovascular disease, in accordance with USPSTF guidelines	Covered according to your plan's medical policy
Hepatitis B virus (HBV) infection screening	In adults at high risk of infection
Hepatitis C virus (HCV) infection screening	In adults ages 18-79 years; screening in accordance with the USPSTF guidelines

Preventive Care Services	Frequency/Comments
Immunizations <ul style="list-style-type: none"> <li>• COVID-19</li> <li>• Haemophilus influenza type b (Hib)</li> <li>• Hepatitis A</li> <li>• Hepatitis B</li> <li>• Human Papillomavirus (HPV) – through age 45</li> <li>• Influenza (flu)</li> <li>• Measles, Mumps, Rubella (MMR)</li> <li>• Meningococcal</li> <li>• Mpox (for those at risk for Mpox infection)</li> <li>• Pneumococcal</li> <li>• Polio</li> <li>• Respiratory Syncytial Virus (RSV) – age 50 and older</li> <li>• Tetanus, diphtheria, pertussis (Td/Tdap)</li> <li>• Varicella (chickenpox)</li> <li>• Zoster (shingles) - Shingrix – age 50 and older</li> <li>• Immunizations that combine two or more component immunizations to the extent the component immunizations are covered under the Plan</li> </ul>	Doses, recommended ages and recommended populations vary. All recommended routine immunizations are covered at no cost to the Member.  Vaccines are recommended by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP)
Intimate partner violence and caregiver abuse of older or vulnerable adults: Screening persons of reproductive age, including pregnant and postpartum persons	Included in physical exam; screening in accordance with the USPSTF guidelines
Latent tuberculosis infection (LTBI) screening in asymptomatic adults at increased risk (age 18 and older)	One per calendar year; screening in accordance with the USPSTF guidelines
Lung cancer screening	Annual screening with low-dose computed tomography (LDCT) in adults ages 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years
Medical nutritional counseling	Covered according to your plan's medical policy when provided and billed by a professional licensed nutritionist or dietitian
Prostate Specific Antigen (PSA) testing for prostate cancer screening	Between ages 50 and 70 years; every other year
Sexually transmitted infections (STIs) screening and prevention counseling	Counseling is one per calendar year; screenings are in accordance with USPSTF guidelines
Skin cancer prevention: behavioral counseling	Counseling about minimizing exposure to ultraviolet (UV) radiation for persons to age 24 years with fair skin types to reduce their risk of cancer
Syphilis infection in nonpregnant adults	Screening in accordance with the USPSTF guidelines for adults who are at increased risk of syphilis infection
Tobacco smoking cessation in adults (including pregnant persons)	Screening in accordance with the USPSTF guidelines; prescription tobacco cessation products are covered under the Prescription Drug Plan

<b>Preventive Care Services</b>		<b>Frequency/Comments</b>
Unhealthy drug use: Screening adults age 18 years or older (including pregnant persons)		Screening in accordance with the USPSTF guidelines; any future treatment must be obtained under the mental health and substance use benefit
Weight loss to prevent obesity-related morbidity and mortality in adults: Behavioral Interventions		Clinicians should offer or refer adults with a body mass index (BMI) of 30 or higher to intensive, multicomponent behavioral interventions
<b>Adults</b>		
Well visits		Annual, though 2 OB/GYN and 2 physical exams may be needed to obtain all necessary recommended preventive services, depending on an individual's health status, health needs and other risk factors
Breast cancer chemoprevention counseling		For members at higher risk; includes chemoprevention medications under the Prescription Drug Plan
Breast cancer genetic test counseling (BRCA)		For members at higher risk
Breast cancer mammography screenings		One per calendar year for members age 40 and older (includes coverage for 3-D mammograms); includes MRI or ultrasound for purpose of detecting, locating or otherwise observing breast cancer, regardless of whether an abnormality for such test is seen or suspected but for all such procedures, including biopsy and related pathology to complete the screening process, subject to the same timeframe listed above
Breast cancer screenings for at-risk members		See the section on page 39
Cervical cancer screenings		Cytology (pap smear) one per calendar year
Contraception methods counseling		Counseling is included in physical exam
All Food and Drug Administration (FDA) approved contraceptive methods, sterilization procedures and patient education and counseling for all individuals with reproductive capacity.		Prescription drugs and OTC products (sponges, spermicides) are covered under the Prescription Drug Plan. OTC contraceptives are covered with or without a prescription
Osteoporosis screening – bone mineral density screening		Age 65 years and older and postmenopausal women younger than 65 years who are at increased risk for an osteoporotic fracture as estimated by clinical risk assessment
STIs counseling and screening		Counseling is two per calendar year; screenings are in accordance with USPSTF guidelines
<b>Pregnant Members</b>		
Prenatal care		First visit to determine pregnancy
Anemia screening		Screening in accordance with the USPSTF guidelines
Blood pressure screening		
Breastfeeding support, supplies and counseling by a trained Provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment.		You must obtain the breast pumps under the Durable Medical Equipment benefit provided by your medical preplan
Certain breast pumps and supplies are covered for post-partum individuals		
Gestational diabetes screening		Screening in accordance with the USPSTF guidelines

Preventive Care Services	Frequency/Comments
Healthy weight and weight gain in pregnancy: Behavioral counseling interventions	Screening guidelines in accordance with the USPSTF guidelines
Hepatitis B (HBV) screening	Screening in accordance with the USPSTF guidelines
HIV screening	Screening in accordance with the USPSTF guidelines
Preeclampsia screening	Screened throughout pregnancy with blood pressure checks at each prenatal visit
Rh(D) Incompatibility screening	Screening in accordance with the USPSTF guidelines
Respiratory Syncytial Virus (RSV) immunization	At 32 weeks to 36 weeks and 6 days gestation
Screening for diabetes after pregnancy	Screenings are in accordance with HRSA guidelines
Syphilis infection during pregnancy	Screening in accordance with the USPSTF guidelines
Urinary tract or other infection screening (asymptomatic bacteriuria)	At 12 to 16 weeks gestation or at first prenatal visit, if later
Children	
Well child visits	Unlimited for children under age 3; one per calendar year for ages 3 to 18 years
Alcohol screening and counseling (unhealthy alcohol use)	Screening in accordance with the USPSTF guidelines; any future treatment must be obtained under the mental health and substance use benefit
Anxiety screening	Screening for anxiety in children and adolescents aged 8 to 18 years
Autism spectrum disorder screening in early childhood	Screenings are in accordance with HRSA guidelines (Bright Futures)
Blood pressure screening	Included in well child visits
Cervical cancer screening	For sexually active individuals
Cholesterol screening	One per calendar year for children ages 2 through 18
Congenital heart defect in infants	Screenings are in accordance with HRSA guidelines (Bright Futures)
Depression and suicide risk screening	Recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years; one per calendar year; any future treatment must be obtained under the mental health and substance use benefit
Developmental/Behavioral screening	One per calendar year
Glucose screening	One per calendar year for children ages 2 through 18
Hearing screening	Screening in accordance with the USPSTF guidelines
Height, weight and body mass index measurements	Included in well child visits
Hematocrit or hemoglobin screening	One per calendar year
Hepatitis B virus (HBV) infection screening	In adolescents at high risk of infection
HIV screening	Adolescents aged 15 and older; screening in accordance with the USPSTF guidelines
High Body Mass Index (BMI)/Obesity in Children and Adolescents	For children and adolescents 6 years or older; screening in accordance with USPSTF guidelines

Preventive Care Services	Frequency/Comments
Immunizations <ul style="list-style-type: none"> <li>• COVID-19</li> <li>• Dengue (Dengvaxia)</li> <li>• Diphtheria/Tetanus/Pertussis (DTaP), Tetanus/Diphtheria/Pertussis (Tdap) or Tetanus/Diphtheria (Td)</li> <li>• Haemophilus influenza type b (Hib)</li> <li>• Hepatitis A</li> <li>• Hepatitis B</li> <li>• Human Papillomavirus (HPV) – ages 9 to 21</li> <li>• Influenza (Members age 18 and older may also receive the vaccine under the Prescription Drug Plan – see the Prescription Drug Plan section for more information)</li> <li>• Measles/Mumps/Rubella (MMR)</li> <li>• Meningococcal (MCV4)</li> <li>• Pneumococcal (PCV)</li> <li>• Polio (IPV)</li> <li>• Respiratory Syncytial Virus (RSV)</li> <li>• Rotavirus</li> <li>• Varicella (Chickenpox)</li> <li>• Immunizations that combine two or more component immunizations to the extent the component immunizations are covered under the Plan</li> </ul>	Pediatric immunizations are covered for Members and Dependents up to age 21 at no cost  Vaccines are recommended by the Centers for Disease Control and Prevention (CDC)
Lead screening	Two per calendar year
Medical nutritional counseling	Covered according to your plan's medical policy when provided and billed by a professional licensed nutritionist or dietitian
Medical history	Included in well child visits
Newborn blood and bilirubin	Screenings are in accordance with HRSA guidelines (Bright Futures)
Ocular prophylaxis for gonococcal ophthalmia neonatorum	Prophylactic ocular topical medication for all newborns to prevent gonococcal ophthalmia neonatorum
Oral fluoride varnish	Screening in accordance with the USPSTF guidelines
Sexually transmitted infections (STIs) prevention counseling and screening	One per calendar year; screenings are in accordance with USPSTF guidelines
Skin cancer prevention: behavioral counseling	Counseling young adults, adolescents, children and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months and older with fair skin types to reduce their risk of cancer
Syphilis infection in nonpregnant adolescents	Screening in accordance with the USPSTF guidelines for adolescentss who are at increased risk of syphilis infection
Tobacco use in children and adolescents: Primary care interventions in school-aged children and adolescents who have not started to use tobacco	Screening in accordance with the USPSTF guidelines
Tuberculin test	
Vision screening in children aged 3 to 5 years	Screening in accordance with the USPSTF guidelines

**NOTE:** The above preventive care items are not all inclusive; the PEBTF follows the guidelines as set forth above. These guidelines are subject to change.

## **Preventive Care Covered Medications**

Preventive care covered medications are covered under your prescription drug coverage, which is at no cost to you when medical is elected (for full-time employees).

**For Members Enrolled in Medical Only:** If you are enrolled for coverage in a medical plan but not in the prescription drug benefits, your medical benefits shall be supplemented, without cost-sharing, for the Preventive Care prescription drugs listed below. You will receive a CVS Caremark Preventive Drug Plan ID card which you should use at a CVS Pharmacy to obtain Preventive Care prescription drugs without any Deductible, Copayments or Coinsurance. Please refer to the list of covered medications below. The following preventive prescription drugs are covered at no cost with a prescription from your doctor:

- Aspirin to help prevent illness and death from preeclampsia in individuals age 12 and older after 12 weeks of pregnancy who are at high risk for the condition
- Bowel preparation medications for screening colorectal cancer for adults age 45 through 74
- Contraceptives including emergency contraceptives and over-the-counter contraceptive products (condoms, sponges, spermicides, oral contraceptives), with or without a prescription
- Diabetes prevention medicine – Metformin 850 mg – for preventing or delaying diabetes for adults age 35 to 70 who have overweight or obesity
- Folic acid daily supplement for individuals age 55 or younger who are planning to become pregnant or are able to become pregnant
- Medications for risk reduction of primary breast cancer in individuals age 35 and older who are at risk
- Oral fluoride for preschool children older than six months to five years of age without fluoride in their water
- Tobacco cessation and nicotine replacement products – prescription drug coverage is for the generic form of Zyban or Chantix and nicotine replacement products (limited to a Maximum of 168-day supply)
- Statins to help prevent serious heart and blood vessel problems (cardiovascular disease) in adults age 40 – 75 who are at risk. This covers generic low to moderate intensity statins only
- Antiretroviral therapy for pre-exposure prevention of Human Immunodeficiency Virus (HIV) infection in people who are at an increased risk
- Vaccines and immunizations to prevent certain illnesses in infants, children and adults

Remember that a prescription is required for you to obtain reimbursement for any of these preventive prescription drugs, even those that are available over the counter.

**NOTE:** The list of covered preventive prescription drugs is subject to change.