

## Preventive Care

*This Board benefit encourages all plan members to get regular preventive examinations and be proactive when it comes to their physical well-being. Preventive approaches reduce healthcare costs, improve medical outcomes, and can even save lives.*

### Eligibility

The preventive care benefit covers 100 percent of the plan allowance for eligible preventive screenings and immunizations and is not subject to a deductible. For a detailed schedule of adult covered procedures and their insurance diagnostic codes, see the reverse side of this information sheet.

Active, disabled, and continuation members, as well as members on the Transitional Participation Basis, can take advantage of the preventive care benefit — as long as they are covered by the Medical Plan.\*

### Preventive Care Copay Waiver

All active Medical Plan members and their covered dependents qualify for an office copay waiver (also referred to as a \$0 copay) for covered preventive care services with network providers. This waiver includes all recommended well-child and annual well-woman exams with a network provider.

If you go to your physician for the exams, tests, and immunizations specified for your age and gender and don't present signs or symptoms of illness, this qualifies as a primary preventive health visit. (See the reverse side of this sheet for covered adult services.) If a health condition is diagnosed during the exam, the visit still qualifies for preventive care coverage.

\*Anthem Blue Preferred Primary® (HMO), Triple-S, and Cigna Global Health Benefits enrollees should consult their plans' provisions for information about covered preventive health services.

### Out-of-Network Reimbursement

If members visit out-of-network providers when network providers are available, they pay 50 percent of the maximum charge determined by the Blue Cross Blue Shield contracted rate in that area for the office visit. There is no deductible.

When you live in a non-network area, you are entitled to a \$0 copay for a visit with a primary care physician or gynecologist — as long as the charge is 120 percent or less than Blue Cross Blue Shield contracted rates for that area.

Find out if the healthcare provider you plan to visit participates in the PPO network so that you receive maximum reimbursement. To do this, you can:

- contact your provider's office directly
- call Highmark at 888-835-2959
- visit "Find a Doctor, Hospital or Other Medical Provider" on Highmark Blue Cross Blue Shield's website, [Highmarkbcbs.com](http://Highmarkbcbs.com)

### Coverage of Additional Services

The Board follows the recommendations of the U.S. Preventive Services Task Force. (See schedule on reverse side.) If your provider conducts tests or services beyond those recommendations, they are considered to be beyond the scope of the preventive care benefit and subject to normal plan provisions (i.e., deductible and copayment rules apply to covered tests and services.) For example, some providers perform routine electrocardiograms (EKGs) during preventive exams; under the Medical Plan, such a test would be covered under normal plan provisions and subject to a deductible and copayment.

*If any discrepancy exists between this product sheet and the official Benefits Plan document, the official plan document governs. Visit [Pensions.org](http://Pensions.org) or call the Board of Pensions at 800-773-7752 (800-PRESPLAN) for a copy of this official document.*

## Preventive Healthcare Age 19 +

General Healthcare		Insurance Code
<b>Physical Exams/ Health Guidance</b>	Annually	99381, 99385, 99386, 99387, 99391, 99395, 99396, 99397, 99342
<b>Blood Pressure Screening</b>	At each office visit	
<b>Pelvic/Breast Exam</b>	Annually	S0610, S0612
Screenings/Procedures		
<b>Lipid Panel</b>	Annually	80061
<b>Fasting Blood Glucose</b>	Screenings should start at age 45 at three-year intervals unless risk factors are involved	82947, 82948
<b>Abdominal Aortic Aneurysm Screening</b>	One screening for men who have smoked from ages 65-75	G0389
<b>Mammogram</b>	Annually after age 40	77057
<b>BRCA Mutation</b>	One-time genetic assessment for breast and ovarian cancer susceptibility (as recommended by your physician); annual breast MRI if BRCA positive or immediate family of BRCA carrier but untested	S3818-S3820, S3822, S3823
<b>Pap Test</b>	Annually	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001
<b>Gonorrhea, HIV, Chlamydia, and Syphilis Screening</b>	As recommended by your physician	86592, 86593, 86689, 86701, 86702, 86703, 87390, 87391, 87534-87536, 87537, 87538, 87539, 87590-87592, 87620-87622, 87660, 87808, 87850
<b>Bone Mineral Density Screening</b>	Every two years: women over age 65, men over age 70, and post-menopausal women who have had a fracture or have risk factors	78350, 78351, G0130, 76499, 76977, 77080- 77082
<b>Colorectal Cancer Screening</b>	Beginning at age 50, annual screening with fecal occult blood test or screening every five years with sigmoidoscopy or colonoscopy every 10 years	45330, 45300, G0107, 82270, G0104, G0106, G0120, G0105, G0121, G0122
<b>Prostate Cancer Screening</b>	Annually	G0102, G0103, S0605
<b>Urinalysis</b>	Annually	81000, 81001, 81002, 81003, 81005
<b>Venipuncture</b>	Annually	36415
<b>Complete Blood Count (CBC)</b>	Annually	85025, 85027
Immunizations		
<b>Diphtheria, Tetanus (Td)</b>	Booster every 10 years	90718
<b>Measles/Mumps/Rubella (MMR)</b>	As recommended by your physician	90707
<b>Pneumococcal</b>	At-risk adults or at age 65: one-two doses	90732
<b>Influenza</b>	Annually	90658
<b>Chicken Pox</b>	One two-dose series for those who have not had chicken pox	90716
<b>Hepatitis A</b>	One two-dose series	90632-90634, 90636
<b>Hepatitis B</b>	One three-dose series	90740-90747, 90748, 90723. Q3021-Q3023
<b>Meningococcal</b>	One dose per lifetime	90733
<b>Human Papillomavirus (HPV)</b>	Females 19-26: one three-dose series	90649
<b>Zoster</b>	Age 60 or older: one dose	90736