

Certain Preventive Services Are Now Covered Under the Plan Without Cost Sharing

Pursuant to the PPACA, certain eligible preventive services provided by an in-network provider are now covered under the Plan at 100% and are not subject to Plan deductibles. The Plan will pay 80% of PPO negotiated rates for eligible preventive services provided by an out-of-network provider, subject to Plan deductibles. This means that if you visit an in-network provider you will receive the maximum payment available under the Plan.

Preventive services are defined by federal law and will be subject to frequency limits and medical necessity recommendations as provided by the United States Preventive Services Task Force, the Center for Disease Control and the Health Resources and Services Administration.

As of the date of this mailing, the federal government has identified the following services as preventive services:

Covered Preventive Services for Adults

- Abdominal aortic aneurysm one-time screening for men age 65-75 who have ever smoked
- Alcohol misuse screening and counseling
- Aspirin use for men age 45-79 and women age 55-79 when the potential benefit due to a reduction myocardial infarctions (men) and ischemic strokes (women) outweighs the potential harm due to increase in gastrointestinal hemorrhage
- Blood pressure screening for all adults age 18 and older
- Cholesterol screening for men age 35 and older and age 20-35 if they are at an increased risk and women age 20-45 if they are at an increased risk for coronary heart disease
- Colorectal cancer screening for adults age 50-75
- Depression screening for adults
- Type 2 diabetes screening for adults with high blood pressure (greater than 135/80 mm Hg)
- Diet counseling for adults at higher risk for chronic disease (hyperlipidemia and other known risk factors)
- HIV screening for all adults at higher risk
- Immunization vaccines for adults. Doses, recommended ages, and recommended populations vary: hepatitis A, hepatitis B, herpes zoster, human papillomavirus, influenza, measles, mumps, rubella, meningococcal, pneumococcal, tetanus, diphtheria, pertussis, varicella
- Obesity screening and counseling for all adults

- Sexually transmitted infection (STI) prevention counseling for adults at higher risk
- Tobacco use screening for all adults and cessation interventions for tobacco user
- Syphilis screening for all adults at higher risk

Occupational Therapy Benefits

You will be limited to 30 visits per person, per diagnosis, per calendar year for occupational therapy services. The Plan's previous \$3,000 annual limit has been eliminated.

Physical Therapy Benefits

You will be limited to 30 visits per person, per diagnosis, per calendar year for physical therapy services. The Plan's previous \$3,000 annual limit has been eliminated.

Speech Therapy Benefits

You will be limited to 30 visits per person, per diagnosis, per calendar year for speech therapy services. The Plan's previous \$3,000 annual limit has been eliminated.

Additionally, speech therapy benefits do not include services designed and adapted to develop a physical function, unless the expenses are provided in combination with the treatment of a condition that is the result of a mental illness or developmental delay related to the medical conditions of a cerebral palsy, cerebral vascular incident (stroke), intracranial bleed, other head trauma, spinal cord injuries, multiple or complicated fractures, other catastrophic diagnoses with neurological implications, significant or multiple injuries and/or illnesses.

Chiropractic and Naprapathic Benefits

You will be limited to 30 visits per person, per calendar year, for chiropractic and naprapathic services. The Plan's previous \$3,000 annual limit has been eliminated.

Acupuncture Benefits

You will be limited to 30 visits per person, per calendar year for acupuncture services. Acupuncture services must be administered by a chiropractor, licensed physician or licensed acupuncturist.