

Preventive Services Covered in Full under Federal Health Care Reform

In accordance with federal health care reform, Providence Health Plan covers certain preventive services in full when received from an in-plan provider.

Providence Health Plan offers full coverage for certain Preventive Health Care services effective Jan. 1, 2013, depending on your coverage.

Our preventive health care services include (but are not limited to):

- Periodic exams and well-baby care (when received from a personal physician/provider), U.S. Preventive Services Task Force A- and B-rated services, and preventive care and screenings for infants, children and adolescents as supported by the Health Resources and Services Administration
- Routine immunizations and shots in accordance with the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention
- Gynecological exams and Pap tests, mammograms and women's health preventive care and screenings supported by the Health Resources and Services Administration
- Prenatal care and breast-feeding support, supplies and counseling

To help you understand the specifics, please review the following information.

The services listed are covered in full when received during periodic exams or well-child visits with an in-plan provider, or as otherwise indicated. Some services must be received from an in-plan personal physician/provider to qualify for full coverage. Your provider will determine which tests are necessary, according to your medical history and your current health status. The personal physician/provider or women's health care provider may send lab tests outside their office for processing; these services are also covered in full. In addition, in some instances durable equipment may have to be purchased at a participating provider to be covered in full. See the guidelines in the chart that follows for detailed information.

For further information on preventive services, please refer to your Benefit Summary and Member Handbook or contact customer service team at 503-574-7500, toll-free 800-878-4445. You can view your member materials online by registering for a myProvidence account at www.ProvidenceHealthPlan.com.

Preventive service	Coverage guidelines	Service must be received from a personal physician/provider or women's health care provider
Abdominal aortic aneurysm screening	Imaging service Limited to one screening per lifetime for men ages 65-75	
Alcohol misuse screening and counseling intervention		✓
Asymptomatic bacteriuria in adults screening	Lab test for pregnant women	
Bone density testing	X-ray for women 60 years and older	
Breast-feeding support	One consult and one follow-up visit with a lactation specialist	
Breast-feeding supplies and counseling; per birth (See also breast-feeding interventions)	Hospital-grade breast pump rental for six months per pregnancy OR Purchase of the Medela Pump In Style® breast pump through a participating Durable Medical Equipment provider Associated supplies required to use the pump Personal hygiene items, such as nursing pads, are excluded.	
Chlamydial infection screening	Lab test for women	
Cholesterol screening	Lab test, one per calendar year	
Colorectal cancer screening; colonoscopy, sigmoidoscopy, double contrast barium enemas, fecal occult blood test	For adults age 50 and over	
Congenital hypothyroidism screening	Lab test for newborns	
Contraceptive services and counseling for women	As required by law, Food and Drug Administration-approved contraceptive services along with patient education and counseling for all women with reproductive capacity	If you have questions, contact customer service.
Dental screening for women and children		✓
Depression screening	For adults	✓
Depressive disorder screening	For children and adolescents up to age 19	✓
Diabetes blood glucose or A1c	Lab tests, one per calendar year	
Genetic risk assessment for women susceptible to breast and ovarian cancers; BRCA mutation testing	Office visit for genetic counseling Lab test	
Gestational diabetes screening	One screening per pregnancy	✓
Gonorrhea prophylactic medication	Eye drops given to infants at birth	

Preventive service	Coverage guidelines	Service must be received from a personal physician/provider or women's health care provider
Gonorrhea screening	Lab test for women	
Gynecological exam, pelvic and clinical breast exams	One per calendar year	
Hearing loss in newborns screening		✓
Hearing screening	For women	✓
Hepatitis B Virus infection screening	Lab test for pregnant women	
High blood-pressure screening		✓
HIV screening and counseling	Counseling with Personal Physician/ Provider or Women's Health Care Provider Lab test	✓
Human papillomavirus (HPV) testing for women	Lab test for women	
Interpersonal and domestic violence screening and counseling for women		✓
Iron deficiency anemia screening	Lab test for pregnant women	
Lead screening	Lab test for children up to 7 years	
Mammography screening		
Moles (skin) screening exam	For women	✓
Nutritional counseling	Two visits per calendar year	
Obesity screening for adults	For adults	✓
Pap test	One per calendar year	
Periodic exam and well-child visits		✓
Phenylketonuria (PKU) screening	Lab test for newborns	
Preconception care	Fertility or infertility care is not covered.	✓
Prenatal care		✓
Rh (D) screening	Lab test for pregnant women	
Counseling about sexually transmitted infections	For women	✓
Sickle cell disease screening	Lab test for newborns	
Syphilis infection screening	Lab test	
Thyroid screening	Lab test for women, one per calendar year	
Tobacco cessation services		
Type 2 diabetes screening	Lab test for women, one per calendar year	
Vision screening	For women and children	✓

The following routine immunizations and shots will be covered in full*

Immunizations or vaccinations required for insurance, employment, licensing purposes or solely for the purpose of participating in camps, sports activities, recreation programs, college entrance or for the purpose of traveling or obtaining a passport for foreign travel are not a covered benefit.

Adults	Children
Hepatitis A	Diphtheria, Tetanus, Pertussis
Hepatitis B	Haemophilus influenzae type B
Human papillomavirus	Hepatitis A
Influenza	Hepatitis B
Measles, Mumps, Rubella	Human papillomavirus
Meningococcal	Inactivated poliovirus
Pneumococcal	Influenza
Tetanus, Diphtheria, Pertussis	Measles, Mumps, Rubella
Varicella	Meningococcal
Zostavax	Pneumococcal
	Rotavirus
	Varicella

*Some immunizations may require prior authorization.