

Indemnity Medical Plan Preventive Care Guidelines – 2023

The Indemnity Medical Plan pays 100% of the cost of coverage for many routine preventive care services for you and your covered dependents when care is received from a PPO (In-Network) Provider – you pay nothing from your pocket when this care is provided. Your normal cost sharing (coinsurance, deductible) will apply to preventive care services received from a Non-PPO (Out-of-Network) Provider.

These guidelines summarize the preventive care services covered under the Indemnity Medical Plan as of July 1, 2023. *They **do not apply** to anyone enrolled in an HMO. If you are in an HMO, contact your HMO for more information about your preventive care benefits.*

The Fund used the recommendations of the U.S. Preventive Services Task Force, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and the American Academy of Family Physicians to establish coverage for preventive care services under the Indemnity Medical Plan, in accordance with the requirements of the Affordable Care Act (“health care reform”).

This is merely a summary of your preventive care benefits under the Plan. Where a conflict exists between this document and the Plan terms, the Plan shall control. The Plan reserves the right to amend, modify, or terminate coverage at any time.

The Indemnity Medical Plan’s Payment for Preventive Care Services

Only the routine preventive care services, screenings, and exams described on the following pages are covered at 100% when care is received from a PPO Provider. If your doctor believes you or a covered dependent is at high risk for a certain disease or condition that requires more frequent screenings, your doctor will determine additional screening frequency. Additional screenings (beyond the frequency shown in these Preventive Care Guidelines) are not covered at 100%. However, if an additional screening is medically necessary, it would likely be covered under the Plan’s regular benefits for medically necessary services (i.e., subject to coinsurance, deductibles, etc.).

- If a preventive care service is billed separately from an office visit, the office visit is subject to normal Plan benefits (including deductible and coinsurance).
- If a preventive care service is not billed separately from the office visit, and the office visit is primarily for the purpose of providing preventive care services, the office visit is payable at 100%. If the main purpose of the office visit is not for the purpose of providing preventive care services, normal Plan benefits (including deductible and coinsurance) will apply.
- For covered Preventive Care Drugs (including over-the-counter drugs), **you must use a Participating Pharmacy and you must have a prescription**, or no benefits are payable. For a directory of Participating Pharmacies, see the So. CA Drug Fund Participating Pharmacy Directory at www.ufcwdrugtrust.org under “Downloads” or contact the Fund Office.

SOUTHERN CALIFORNIA DRUG BENEFIT FUND Preventive Care Guidelines

Adult Preventive Care

| Preventive Care | Frequency, Based on Age | | | | | | | |
|--|---|-------------|---------|---------|---------|---------|---------|---------|
| | 18 – 25 | 26 – 34 | 35 – 39 | 40 – 44 | 45 – 49 | 50 – 59 | 60 – 64 | 65+ |
| Routine immunizations | | | | | | | | |
| • COVID-19 | COVID-19 vaccines and their administration are covered at 100% if the vaccine is received from a PPO Provider or Participating Pharmacy. If a third party (e.g., the federal government) pays for the vaccine, the Plan will cover the administration of the vaccine. | | | | | | | |
| • Diphtheria, tetanus, pertussis (Td, Tdap) | 1 dose, then a booster every 10 years. Another booster dose may be needed for wound management or in pregnancy during the early part of the 3 rd trimester. | | | | | | | |
| • Haemophilus influenzae type b | Covered | | | | | | | |
| • Hepatitis A | Covered | | | | | | | |
| • Hepatitis B | Covered | | | | | | | |
| • Herpes Zoster (shingles) | Not covered | | | | | Covered | | |
| • Human papillomavirus (HPV) | Covered through age 26 | Not covered | | | | | | |
| • Influenza (flu) | Covered annually | | | | | | | |
| • Measles, Mumps, Rubella (MMR) (or Measles, Mumps, Rubella and Varicella) | Covered only for individuals born in 1957 or later, people in high-risk groups (e.g., healthcare workers, college students, international travelers), and nonpregnant persons of childbearing age who do not have evidence of rubella immunity | | | | | | | |
| • Meningococcal | Covered only for individuals without spleens or with damaged spleens, individuals who travel to countries where bacterial meningitis is active, microbiologists, and first-year college students through age 21 who live in residence halls | | | | | | | |
| • Pneumococcal (pneumonia) | Covered only for individuals who have certain underlying medical conditions or other risk factors such as alcoholism or cigarette smoking | | | | | | | Covered |
| • Varicella (chickenpox) | Covered for individuals who do not have evidence of varicella immunity | | | | | | | |
| Other Preventive Services | | | | | | | | |
| Routine physical exam | Annually | | | | | | | |

Southern California Drug Benefit Fund

| Preventive Care | Frequency, Based on Age | | | | | | | |
|--|--|---------|---------|---------|--|---------|---------|--|
| | 18 – 25 | 26 – 34 | 35 – 39 | 40 – 44 | 45 – 49 | 50 – 59 | 60 – 64 | 65+ |
| Well Woman Visits | Annual well woman visit | | | | | | | |
| Abdominal aortic aneurysm screening (<i>men only</i>) | Not covered | | | | | | | A one-time screening for current or former smokers age 65 – 75 |
| Anxiety screening (<i>women only</i>) | Covered | | | | | | | |
| BRCA genetic counseling and BRCA testing (<i>women only</i>) | Genetic counseling if indicated after BRCA screening results. BRCA testing if indicated after counseling. | | | | | | | |
| Breast cancer chemoprevention | 1 counseling session every 3 years during a routine physical/well woman exam or a primary care physician office visit. Fund will cover risk reducing medications such as tamoxifen, raloxifene, or aromatase inhibitors for women at increased risk of breast cancer and at low risk for adverse medication effects. | | | | | | | |
| Chlamydia screening (<i>women only</i>) | 1 screening annually for all sexually active women age 24 or younger. For women age 25 and older, annually if at increased risk for infection. | | | | | | | |
| Colorectal cancer screening (stool-based test) | Not covered | | | | Annually for all adults aged 45-75 years (including an at-home colon cancer screening kit, e.g., Cologuard) | | | |
| Colorectal cancer screening (sigmoidoscopy or screening colonoscopy) | Not covered | | | | 1 every 5 years for all adults aged 45-75 years (including removal of polyps during screening and pathology exam, medically appropriate pre-procedure specialist consult, prescribed bowel preparation medications, anesthesia, and follow-up colonoscopy conducted after a positive non-invasive stool-based screening test or direct visualization test) | | | |
| Contraceptive education and counseling, sterilization procedures (<i>women only</i>) | The full range of FDA-approved contraceptives and contraceptive care, including screening, education, counseling, provision of contraceptives, and follow up care (e.g., management of side effects and device removal). Sterilization procedures are also covered. Instruction in fertility awareness-based methods, including the lactation amenorrhea method, is covered. Unless medically inappropriate, only generic drugs and devices are covered. | | | | | | | |
| Counseling for aspirin use to prevent cardiovascular disease | Annually, during routine physical/well woman exam or primary care physician office visit | | | | | | | |
| Depression screening | 1 screening per calendar year during routine physical/well woman exam or primary care physician office visit. In addition, for pregnant women, 1 screening during routine prenatal physician visit and 1 screening during routine postpartum physician visit. | | | | | | | |
| Diabetes (Type 2) and Prediabetes screening | Every 3 years for adults ages 35-70 who are overweight or obese, or after pregnancy for persons of any age with a history of gestational diabetes, as well as offering or referring patients with prediabetes to effective preventive interventions. | | | | | | | |

Southern California Drug Benefit Fund

| Preventive Care | Frequency, Based on Age | | | | | | | |
|--|---|---|--|--|---------|---|---|---|
| | 18 – 25 | 26 – 34 | 35 – 39 | 40 – 44 | 45 – 49 | 50 – 59 | 60 – 64 | 65+ |
| Diet counseling (healthy diet and physical activity behavioral counseling) | Maximum of 1 cycle (up to 4 visits) of healthy diet and physical activity counseling sessions per calendar year if provided by a licensed nutritionist or dietician and recommended by a provider for adults with cardiovascular disease risk factors | | | | | | | |
| Exercise interventions to prevent falls | Not covered | | | | | | | For adults in community dwellings at risk for falls |
| Gonorrhea screening (<i>women only</i>) | 1 screening annually for all sexually active women age 24 or younger. For women age 25 and older, annually if at increased risk for infection. | | | | | | | |
| Hearing screening | Not covered | | | | | | Annually, with routine physical/well woman exam | |
| Hepatitis B screening | Maximum of 1 screening per calendar year for asymptomatic, non-pregnant adults at increased risk of infection regardless of vaccination status | | | | | | | |
| Hepatitis C Screening | Screening for hepatitis C virus (HCV) infection in asymptomatic adults (including pregnant persons) aged 18 to 79 years without known liver disease | | | | | | | |
| HIV screening, prevention, and counseling | Maximum of 2 screenings per calendar year for adults to age 65 and adults over 65 with increased risk. Provide behavioral counseling to adults at increased risk to prevent infection. Pre-exposure prophylaxis (PrEP) with effective antiretroviral therapy to persons with high risk of HIV acquisition, including related monitoring and support services as recommended by the individual’s health care provider. | | | | | | | |
| Hypertension (blood pressure) screening | Annually, with routine physical/well woman exam (not payable separately) | | | | | | | |
| Lipoprotein panel (cholesterol) screening | Not covered | | | One screening every 5 years (more for increased risk) for adults aged 40 to 75 years | | | | |
| Lung cancer screening | Not covered | | | | | Annual screening for adults ages 50 to 80 years who have a history of smoking and currently smoke or have quit within the past 15 years | | |
| Mammogram (<i>women only</i>) | Not covered | | | 1 every 1 – 2 years, with or without a clinical breast exam. Additional exams may be needed, depending on individual risk (including family history) and based on your doctor’s recommendations. | | | | |
| Obesity screening/counseling | Maximum of 1 Body Mass Index (BMI) screening per calendar year. For adults with a BMI of 30 kg/m ² or higher, up to 26 counseling sessions per calendar year to promote sustained weight loss, a healthy diet, and physical activity. | | | | | | | |
| Osteoporosis screening (<i>women only</i>) | Every 2 years for postmenopausal women who are at increased risk of osteoporosis | | | | | | | Every 2 years |
| Pap smear with pelvic exam (cervical cancer screening) (<i>women only</i>) | Not covered | Ages 21 to 29, pap smear alone once every three years | Ages 30 to 65, screening with pap smear alone once every three years, screening with human papillomavirus (HPV) testing alone once every five years, or screening with both pap smear and human papillomavirus (HPV) testing once every five years | | | | | Not covered |

Southern California Drug Benefit Fund

| Preventive Care | Frequency, Based on Age | | | | | | | |
|--|--|---------|---------|---------|---------|---------|--|-----|
| | 18 – 25 | 26 – 34 | 35 – 39 | 40 – 44 | 45 – 49 | 50 – 59 | 60 – 64 | 65+ |
| Screening and Counseling for interpersonal and domestic violence (women only). | Covered as part of a well woman visit | | | | | | | |
| Screening for potentially harmful BRCA mutations (<i>women only</i>) | Every 3 years | | | | | | | |
| Sexually transmitted infection (STI) prevention behavioral counseling | Maximum of 2 behavioral counseling sessions per calendar year for adults who are at increased risk for sexually transmitted infections | | | | | | | |
| Syphilis screening for adults at higher risk | Maximum of 1 screening per calendar year | | | | | | | |
| Tobacco use screening and tobacco cessation interventions for tobacco users | Maximum of 2 cessation interventions per calendar year (each intervention includes up to four tobacco-cessation counseling sessions). For men and non-pregnant women, FDA-approved pharmacotherapy for tobacco cessation is also covered. We strongly encourage you to contact your EMAP provider (HMC Healthworks) to receive concurrent counseling to ensure your success. | | | | | | | |
| Tuberculosis screening for adults at increased risk | Maximum of 1 screening per calendar year | | | | | | | |
| Unhealthy alcohol use screening and counseling | Screening and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse. 2 counseling sessions per calendar year during routine physical/well woman exam or primary care physician office visit. | | | | | | | |
| Unhealthy drug use screening | Covered as part of a primary care physician office visit. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.) | | | | | | | |
| Urinary incontinence screening (<i>women only</i>) | Covered annually | | | | | | | |
| Vision screening | Not covered (Benefits for routine eye exams and eye glasses may be available under the Trust Fund) | | | | | | Maximum of 1 screening per calendar year | |

Additional Preventive Care Benefits for Pregnant Persons (Adult)

| Preventive Care | Frequency |
|--|---|
| Bacteriuria (presence of bacteria in urine) urinary tract or other infection screening | 1 per pregnancy if coded as “preventive care” |
| Behavioral counseling to promote healthy weight and weight gain during pregnancy | Behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight in pregnancy |
| Breastfeeding interventions to support and promote breastfeeding | Lactation support and counseling during pregnancy and for the duration of breastfeeding. Purchase of standard breastfeeding equipment from in-network DME provider is also covered (one per pregnancy). Pre-authorization from Fund Office or Anthem Blue Cross is required. |
| Chlamydia infection screening | 1 per pregnancy |
| Depression screening | For pregnant and postpartum persons |
| Depression counseling | Counseling interventions for pregnant and postpartum persons at increased risk of perinatal depression |
| Folic acid supplement counseling | Coverage provided for counseling. (Folic acid supplements covered with a prescription.) |
| Gestational diabetes screening in pregnant persons with no symptoms | 1 screening between 24 and 28 weeks’ gestation and at the first prenatal visit for pregnant persons identified to be at risk for diabetes |
| Gonorrhea screening | 2 per pregnancy |
| Hepatitis B screening | 1 per pregnancy at first prenatal visit |
| HIV Screening | Covered for all pregnant persons including those who present in labor who are untested and whose HIV status is unknown |
| Preeclampsia screening | Blood pressure measurements covered throughout pregnancy. (Low dose OTC aspirin is covered as preventive medication after 12 weeks of gestation in persons who are at high risk for preeclampsia.) |
| Rh incompatibility screening | Maximum of 2 screenings per pregnancy: 1 at first prenatal visit; 1 at 24 - 28 weeks of gestation. |
| Syphilis screening | 1 per pregnancy |
| Tobacco use screening and interventions | Provide behavioral interventions for cessation to pregnant persons who use tobacco (including e-cigarettes) and expanded counseling for pregnant tobacco users |

Preventive Care during Infancy, Early Childhood, Middle Childhood, and Adolescence (Recommended ages and recommended populations vary; go to https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf for current recommendations.)

Well baby and well child visits from newborn through age 21. Visits may include medical history and the following age-appropriate screenings and behavioral assessments:

- Length/height and weight
- Head circumference
- Weight for length
- Body Mass Index (BMI)
- Blood pressure screening
- Vision screening at least once in all children 3 to 5 years old to detect amblyopia or its risk factors
- Hearing screening
- Developmental screening for children under age 3
- Depression and suicide risk screening beginning at age 12
- Autism screening for children at 18 and 24 months
- Critical congenital heart defect screening in newborns
- Developmental surveillance
- Psychosocial/behavioral assessment up to age 21
- Alcohol and drug use assessment
- Newborn metabolic/hemoglobin screening
- Immunizations
- Hematocrit or hemoglobin screening
- Lead screening for children at risk of exposure
- Tuberculin test
- Dyslipidemia screening
- Sexually Transmitted Infection (STI) screening and counseling for sexually active adolescents
- Cervical dysplasia screening for sexually active females
- Oral Health risk assessment
- Anxiety screening for adolescent girls

Child and Adolescent Preventive Care Guidelines—Immunizations

| Immunizations Child and Adolescent Schedule (Doses, recommended ages, and recommended populations vary; go to www.cdc.gov/vaccines/schedules/ for current vaccination schedules) |
|--|
| COVID-19 |
| Tdap (Tetanus-Diphtheria-Pertussis) |
| Hepatitis A |
| Hepatitis B |
| Haemophilus influenzae type B (Hib) |
| Human papillomavirus (HPV) |
| Inactivated Poliovirus |
| Influenza (flu) |
| Measles, Mumps, Rubella (MMR) |
| Meningococcal |
| Pneumococcal (polysaccharide) |
| Rotavirus |
| Varicella (chickenpox) |

Child and Adolescent Preventive Care Guidelines—Additional Services

| Preventive Care | Frequency |
|---|--|
| Dental caries prevention: infants and children up to age 5 | Coverage provided for: (1) application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption; and (2) generic oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient. |
| Depression/major depressive disorder and suicide risk screening for adolescents aged 12-18 years | 1 screening per calendar year during a routine physical exam or a primary care physician office visit |
| HIV screening for adolescents age 15 or older and adolescents younger than age 15 who are at increased risk | Maximum of 2 screenings per calendar year. Pre-exposure prophylaxis (PrEP) with effective antiretroviral therapy to adolescents with high risk of HIV acquisition, if appropriate, including related monitoring and support services as recommended by the individual's health care provider. |
| Newborn screening recommended by the Advisory Committee on Heritable Disorders in Newborns and Children ¹ and medication provided during hospital confinement for birth, including but not limited to the following: <ul style="list-style-type: none"> • Congenital hypothyroidism screening • Blood screening • Bilirubin • Critical congenital heart defect • Sickle cell screenings • Hearing screening • Gonorrhea preventive medication for the eyes • Phenylketonuria (PKU) screening | Covered at 100% |
| Counseling for children and parents of young children, adolescents, and young adults ages 6 months to 24 years who have fair skin about minimizing exposure to ultraviolet radiation to reduce risk for skin cancer | 1 counseling session per calendar year during a routine physical exam or a primary care physician office visit |
| Tobacco interventions, including education or brief counseling, to prevent initiation of tobacco use (including e-cigarettes) in school-aged children and adolescents | 1 counseling session per calendar year during a routine physical exam or a primary care physician office visit |

¹ <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/heritable-disorders/uniform-screening-panel.pdf>

Southern California Drug Benefit Fund

| Preventive Care | Frequency |
|--|---|
| Obesity screening and comprehensive, intensive behavioral interventions for children and adolescents age 6 and older | Maximum of 1 Body Mass Index (BMI) screening per calendar year. Maximum of 2 counseling sessions per calendar year during a routine physical exam or primary care physician office visit. |
| Sexually transmitted infection (STI) counseling | 1 counseling session per calendar year during a routine physical exam or a primary care physician office visit |
| Vision screening at least once in all children 3 to 5 years old to detect amblyopia or its risk factors | 1 screening per calendar year during a routine physical exam or a primary care physician office visit |
| Hepatitis B Screening | Covered for asymptomatic, non-pregnant adolescents at increased risk for infection regardless of vaccination status |
| Syphilis screening | Covered for adolescents at increased risk for infection |
| Screening and counseling for interpersonal and domestic violence | Covered for adolescents |
| Contraceptive education and counseling | Covered for adolescent girls only |
| Behavioral/Social/Emotional Screening from birth to age 18 | 1 screening per calendar year during a routine physical exam or a primary care physician office visit |
| Risk assessment for sudden cardiac arrest and sudden cardiac death from 11 to 21 years | |

The following preventive care drugs and supplies (prescription and Over-the-Counter (OTC)) are covered with no cost sharing if you present a prescription from your physician and you obtain the drug from a participating pharmacy. You must present a written prescription from your physician to the pharmacy in order for the following medications to be covered, even if the medication is something you can ordinarily purchase over the counter. Quantity limits apply.

| Preventive Care Drug or Supply | Coverage Available |
|--|---|
| Aspirin | Generic OTC aspirin (1 bottle of 100 tablets every 3 months) for high-risk adults 50 to 59 years of age. Also, low dose OTC aspirin for women after 12 weeks of gestation who are at high risk for preeclampsia. |
| Folic acid supplementation | Generic OTC folic acid supplements for women who are planning or capable of pregnancy |
| FDA-approved generic contraceptive drugs or devices for females (such as birth control pills, condoms, spermicidal products, sponges, and diaphragms) | <p>Contraceptive drugs or devices (including both prescription and over-the-counter products) for females (subject to quantity limits).</p> <p>If a generic drug or device is not available or is medically inappropriate, the Fund will cover a brand name drug at no cost to you, but your physician must first submit to Optum RX the clinical information/rationale supporting the request. If approved by OptumRX, the brand name device/drug will be dispensed and covered at 100%.</p> |
| Fluoride supplements | Generic OTC fluoride supplements for ages 6 months to 16 years |
| Preparation products for colon cancer screening test | Colon cancer screening prep products are available at no charge with a prescription |
| Statin preventive medication | Adults ages 40-75 years with: no history of cardiovascular disease (CVD), 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater. (Brand statins are payable only if a generic alternative is medically inappropriate.) |
| Tobacco cessation products | All FDA-approved generic tobacco cessation medications (including both prescription and over-the-counter medications) for up to two 90-day treatment regimens per calendar year. Also, we strongly encourage you to receive concurrent counseling via HMC HealthWorks to ensure your success. |
| Breast Cancer preventive medication (e.g. Tamoxifen, Raloxifene, or aromatase inhibitors) | For women at increased risk for breast cancer and at low risk for adverse medication effects |
| HIV Pre-exposure Prophylaxis (PrEP) for the prevention of HIV infection | Pre-exposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition |