

Indemnity Medical Plan Preventive Care Guidelines – 2025

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, 2025. *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 Bright Futures/American Academy of Pediatrics 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

	Frequency, Based on Age							
Preventive Care	18 – 25	26 – 34	35 – 39	40 – 44	45 – 49	50 – 59	60 – 64	65+
Routine immunizations								
• COVID-19	Covered							
• 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)	Covered for adults aged 19-49 years with immunocompromising conditions					Covered		
• Human papillomavirus (HPV)	Covered through age 26	Covered for adults aged 27-45 years if not adequately vaccinated based on shared clinical decision-making			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							
• Mpox	Covered for individuals at increased risk for mpox							
• 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
• Poliovirus	Covered for individuals who are known or suspected to be unvaccinated or incompletely vaccinated against polio							
• Respiratory syncytial virus (RSV)	Covered for pregnant individuals during RSV season (September – January) at 32-36 weeks gestation						Covered for adults age 75+ and adults age 60-74 at increased risk	
• Varicella (chickenpox)	Covered for individuals who do not have evidence of varicella immunity							
Other Preventive Services								
Routine physical exam	Annually							

	Frequency, Based on Age							
Preventive Care	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 disorder screening	Covered for adults aged 64 years or younger, including pregnant and postpartum persons							Not 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.							
Depression and suicide risk 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							
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 increased risk for falls

	Frequency, Based on Age								
Preventive Care	18 – 25		26 – 34	35 – 39	40 – 44	45 – 49	50 – 59	60 – 64	65+
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 increased risk of HIV acquisition to decrease the risk of acquiring HIV, 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 prevention (<i>women only</i>)	Not covered				Counseling for women aged 40 to 60 years with normal or overweight body mass index (BMI) (18.5-29.9 kg/m2) to maintain weight or limit weight gain to prevent obesity. Counseling may include individualized discussion of healthy eating and physical activity.			Not covered	
Obesity screening/counseling	Maximum of 1 Body Mass Index (BMI) screening per calendar year. For adults with a BMI of 30 kg/m2 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

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 (women only)	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.							
Tuberculosis screening for adults at increased risk	Maximum of 1 screening per calendar year for asymptomatic adults at increased risk of latent tuberculosis infection							
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 (women only)	Covered annually							
Vision screening	Not covered (Benefits for routine eye exams and eyeglasses 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
Hypertensive disorders of pregnancy screening	Screen for hypertensive disorders of pregnancy with blood pressure measurements 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(D) incompatibility screening	Maximum of 2 screenings per pregnancy: 1 at first prenatal visit; and 1 at 24 - 28 weeks of gestation for all unsensitized Rh(D)-negative women, unless the biological father is known to be Rh(D)-negative.
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 Spectrum Disorder screening for children at 18 and 24 months
- Critical congenital heart defect screening in newborns
- Developmental surveillance
- Behavioral/Social/Emotional Screening up to age 21
- Tobacco, Alcohol or 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 adolescents aged 8 to 18 years

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)
Respiratory Syncytial Virus (RSV)
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>

Preventive Care	Frequency
Obesity screening and comprehensive, intensive (26 or more contact hours) behavioral interventions for children and adolescents age 6 and older with a high Body Mass Index (BMI) ($\geq 95^{\text{th}}$ percentile for age and sex)	Maximum of 1 Body Mass Index (BMI) screening per calendar year.
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	Low dose generic 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)	Contraceptive drugs or devices (including both prescription and over-the-counter products) for females (subject to quantity limits). 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 OptumRX the clinical information/rationale supporting the request. If approved by OptumRX, the brand name device/drug will be dispensed and covered at 100%.
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 who have 1 or more cardiovascular disease (CVD) risk factors and an estimated 10-year risk of a cardiovascular event 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
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