

City of La Crosse Medical Benefit Plan

Preventive Benefits Covered Under the Affordable Care Act

The Patient Protection and Affordable Care Act (also known as the Affordable Care Act or ACA) was passed by Congress and signed into law by President Obama on 3/23/10. Under the mandate, the City's medical benefit plan is required to cover certain preventive services without any cost-sharing (co-pays/coinsurance/deductibles) to the member when delivered by an in-network provider. Preventative services obtained by an out of network provider would be subject to the out of network deductible, co-insurance and any applicable office visit copay.

What This Means For You

Since the City's Medical Benefit Plan is subject to this requirement, you will not have to pay a copay, co-insurance or a deductible to receive specific preventative health services when such services are obtained in-network.

Preventive Care vs. Problem-Related Care

Preventive care is care received to help you maintain general health, when no signs, symptoms or complaints are present. The purpose of a routine preventative exam is to identify potential health problems in the early stages when they may be easier and less costly to treat.

Problem-related care refers to medical services you receive related to an illness, injury or health condition.

Why might I receive a bill after my routine preventive exam when it was supposed to be covered at 100%?

If you have a new health problem or other diagnoses that need to be addressed during your routine annual preventive office visit, e.g. high blood pressure, diabetes or headaches, your provider may bill part of the exam at 100% for your annual preventive exam and part of your office visit for treatment of your diagnosis. The portion of your visit related to the treatment of your diagnosis would apply toward your deductible, co-pay and co-insurance. If your provider feels that the majority of the time was spent with medical concerns, the entire visit may be considered a medical treatment visit and would not be billed as preventive care. It's important to note that your healthcare provider has the right to code and bill as they see the service from his or her viewpoint.

Example

Jane is 61 years old. She went to the doctor in July for her annual preventive exam. Jane has high cholesterol. Based on Jane's age and gender, she is due for an Osteoporosis screening. In addition, her doctor ordered a total lipid profile to monitor her high cholesterol.

How will these services be covered?

The Osteoporosis screening was needed as part of Jane's recommended preventive exam (no symptoms were present) and was covered at 100%. The charge for the preventive exam was also covered at 100%. A separate charge was billed for the problem-related services provided at the visit, related to Jane's high cholesterol. That portion of the bill is eligible under Jane's medical benefit plan and cost-sharing (deductible/co-pay/co-insurance) will apply.

Note that many of the screenings listed within this document refer to a screening performed by your Primary Care Physician (PCP) during a routine/preventive visit. Some would only be performed when specific risk factors are present (your PCP would apply such guidelines). Only the specific lab screenings listed are covered without cost sharing; those not included in this mandate would be subject to your deductible and co-insurance (if co-insurance is applicable-see your Schedule of Benefits).

Adult Preventive Services

- **Routine Physical** (one per calendar year)
- **Abdominal Aortic Aneurysm** one-time screening for men age 65-75 who have ever smoked
- **Alcohol Misuse** screening included in preventive exam
- **Aspirin** (through Rx drug plan) to prevent CVD in men, ages 45 to 79; and in women ages 55-79
- **Blood Pressure** screening included in preventive exam
- **Cholesterol** screening every five years
- **Colorectal Cancer** screening for over 50 or with family history: If polyps found, subsequent screenings may be coded as a Diagnosis of having polyps in past & cost sharing may apply.
- **Depression** screening included in preventive exam
- **Type 2 Diabetes** screening for adults with high blood pressure/fasting blood sugar once every 3 yrs
- **Diet** counseling for adults at higher risk for chronic disease (initial & one follow up visit when referred by a primary care doctor)
- **Hepatitis B** screening for people at high risk
- **Hepatitis C** screening for adults at increased risk & one time for everyone born 1945-1965.
- **HIV** screening yearly for all adults at higher risk
- **Immunization** vaccines for adults (doses, recommended ages and recommended populations vary):
 - ✓ Hepatitis A
 - ✓ Herpes Zoster (shingles)
 - ✓ Human Papillomavirus
 - ✓ Measles, Mumps, Rubella
 - ✓ Tetanus, Diphtheria, Pertussis
 - ✓ Hepatitis B
 - ✓ Influenza
 - ✓ Meningococcal
 - ✓ Pneumococcal
 - ✓ Varicella
- **Obesity** screening for adults
- **Prostate Specific Antigen (PSA)** yearly screening for men over 50 or with family history
- **Sexually Transmitted Infection (STI)** prevention counseling for adults at higher risk
- **Tobacco Use** screening included in preventive exam
- **Syphilis** screening yearly for all adults at higher risk

Preventive Services for Women, Including Pregnant Women

- **Anemia** screening on a routine basis for pregnant women
- **Bacteriuria** screening every 12 months
- **BRCA** counseling about genetic testing for women at higher risk
- **Breast Cancer Mammography** screening yearly
- **Breast Cancer Chemoprevention** counseling for women at higher risk included in preventive exam
- **Breastfeeding**¹ support & counseling as well as access to breastfeeding supplies for pregnant & nursing women
- **Cervical Cancer** screening yearly
- **Chlamydia Infection** screening yearly
- **Contraception**² FDA approved contraceptive methods, sterilization procedures, patient education & counseling for women .
- **Domestic & interpersonal violence** screening & counseling for all women
- **Folic Acid** (through Rx drug plan) supplements for women who may become pregnant
- **Gestational diabetes** screening for women 24 to 28 weeks pregnant & those at high risk of developing gestational diabetes
- **Gonorrhea** screening yearly
- **Hepatitis B** screening for pregnant women at their first prenatal visit
- **Human Immunodeficiency Virus (HIV)** screening and counseling for sexually active women
- **Human Papillomavirus (HPV) DNA Test** : high risk HPV DNA testing every 3 years for women with normal cytology results who are 30 or older
- **Osteoporosis** screening for women over age 60 depending on risk factors
- **Rh Incompatibility** screening for all pregnant women and follow-up testing for women at higher risk
- **Sexually Transmitted Infections (STI)** counseling for sexually active women
- **Tobacco Use** screening & counseling included in preventive exam
- **Urinary tract or other infection** screening
- **Syphilis** screening for all pregnant women or other women at increased risk
- **Well-woman visits** to obtain recommended preventive services

Preventive Services for Children

- **Routine Physical** (one per calendar year)
- **Alcohol and Drug Use** assessments for adolescents included in preventive exam
- **Autism** screening for children at 18 and 24 months
- **Behavioral** screening included in preventive exam
- **Blood Pressure** screening included in preventive exam
- **Cervical Dysplasia** screening for sexually active females yearly
- newborns
- **Depression** screening included in preventive exam
- **Developmental** screening for children under age 3, and surveillance throughout childhood; included in preventive exams
- **Dyslipidemia** screening every five years for children at higher risk of lipid disorders
- **Fluoride Chemoprevention** (through Rx drug plan) supplements for children over 6 month whose primary water source is deficient in fluoride.

- **Gonorrhea** preventive medication for the eyes of all newborns
- **Hearing** screening for all newborns
- **Height, Weight and Body Mass Index** measurements for children included in preventive exam
- **Hematocrit or Hemoglobin** screening
- **Hemoglobinopathies** or sickle cell screening for newborns
- **HIV** screenings yearly
- **Hypothyroidism** screening for
- **Immunization** vaccines for children from birth to age 18 (doses, recommended ages and recommended populations vary):
 - ✓ Diphtheria, Tetanus, Pertussis
 - ✓ Haemophilus Influenzae Type B
 - ✓ Human Papillomavirus (HPV)
 - ✓ Inactivated Poliovirus Rotavirus
 - ✓ Measles, Mumps, Rubella
 - ✓ Meningococcal
 - ✓ Hepatitis A
 - ✓ Hepatitis B
 - ✓ Influenza
 - ✓ Varicella
 - ✓ Pneumococcal
- **Iron** (through Rx drug plan) supplements for children ages 6 to 12 months at risk for anemia
- **Lead** screening for children at risk of exposure
- **Medical History** for all children throughout development included in preventive exam.
- **Obesity** screening and counseling included in preventive exam
- **Oral Health** risk assessment for young children included in preventive exam
- **Phenylketonuria (PKU)** screening for this genetic disorder in newborns
- **Sexually Transmitted Infection (STI)** prevention counseling and screening for adolescents at higher risk included in preventive exam
- **Tuberculin** testing for children at higher risk of tuberculosis
- **Vision** screening for all children (visual acuity done in doctor's office / does not refer to eye exam by optometrist)

This document contains general information is not a guarantee of benefits. The intent is to list preventive services mandated to be covered under the medical plan without cost sharing under the PPACA. Please contact your Customer Service Representative with questions on coverage (phone number can be found on your medical ID card).

Source: <http://www.hhs.gov/healthcare/prevention>

¹ Breast Feeding/access to supplies for pregnant & nursing women: This is an exception to the in-network requirement and may be purchased through a non-network retail store and reimbursed through the medical plan or through an in network provider of Durable Medical Equipment and billed to your medical plan. Includes the purchase of a basic electric or basic manual breast pump, each pregnancy every 12 months plus all breast pump supplies, including tubing, connectors, breast shields, breast shield inserts, collection bottles, valves and membranes.

² Contraception: Through the Drug Plan (must be prescribed): Oral contraceptives - all tier 1 generics, as well as select Branded products. All formulary diaphragms, and Emergency contraceptives. Mail order provisions still apply. Contact Navitus (Rx Drug Administrator) for details. Through the Medical Plan: sterilization for women, IUD, implant, or shot/injection. Contact your medical plan Administrator for details.