

Preventive Health Services – Grandfathered Plans

Benefit Coverage

Preventive care services are those provided for the early detection of disease when no symptoms are present.

Note: The Patient Protection and Affordable Care Act (PPACA) provisions of the Health Care Reform legislation, adopting United States (US) Preventive Task Force (USPSTF) recommendations; the US Department of Health and Human Services, Health Resources and Services Administration (HRSA) recommendations for infants, children, adolescents and women is not applicable to some “Grandfathered” health plans. This benefit description is only for those plans.

To view a description of benefits applicable under the PPACA for non-grandfathered plans, see Section 2.8 of the *HMO IPA/Medical Group Procedures Manual* or log on to Provider Connection at www.blueshieldca.com/provider and click on the *Eligibility & Benefits*, then *Preventive Health Guidelines*.

Effective 01/01/2012, Small Group no longer offers grandfathered plans upon renewal.

Routine physical examinations are covered. The schedule for routine physicals for preventive care is as follows:

- Well baby care provided through 2 years.
- Examinations every year, for those 3-19 years.
- Examinations every 5 years, for those 20-40 years.
- Examinations every 2 years, for those 41-50 years.
- Examinations every year, for those over 50 years.
- Breast and pelvic exams and pap tests or other FDA approved cervical cancer screening tests, including a human papilloma virus (HPV) screening testing, every year for women.
- Cervical cancer, chlamydia, gonorrhea, and syphilis screening for all sexually active women under age 25 and over 25 at risk of infection.
- Osteoporosis screening for women age 65 and older or age 60 and older if at increased risk.
- Colorectal cancer screening for age 50 through 70 years including an annual Fecal Occult Blood Test (FOBT) and either a flexible sigmoidoscopy every five years, or a double contrast barium enema every five to ten years, or a colonoscopy every ten years.
- Pediatric and adult immunizations and the immunizing agent.

Preventive Health Services – Grandfathered Plans

Benefit Coverage *(cont'd.)*

- Vision and hearing screening by the primary care physician (PCP) for members under age 18.
- Newborn hearing and retinal screening.
- HIV screening tests as recommended by the US Preventive Services Task Force for all adolescents and adults at increased risk for HIV infection (including pregnant women).

A female member may arrange for a routine annual gynecological exam without referral from her PCP by making an appointment with an OB/GYN in the same medical group as her PCP. Benefits for a routine annual gynecological exam are in addition to the benefit for routine physical examinations, according to schedule, when performed by two different physicians. See the *HMO Benefit Guideline for Gynecological Examinations* for a description of obstetrical and gynecological services.

Medically necessary mammography for screening purposes, when referred by the PCP and prior authorized by the IPA/medical group, is covered.

Screening for prostate cancer, including prostate-specific antigen testing and digital rectal examinations, when provided or referred by the PCP, is covered.

Copayment

See the member's *Evidence of Coverage (EOC)* and *Summary of Benefits and Coverage* for member copayments.

Benefit Exclusions

Physical examinations required for licensure, employment, insurance, etc. are not covered, unless the examination corresponds to the schedule of routine physicals.

Preventive Health Services – Grandfathered Plans

Benefit Limitations

The nature of the annual gynecological exam may vary based on the member's age, family and personal history, but is limited to a routine breast and pelvic exam and pap test or other FDA approved cervical cancer screening tests.

Exceptions

Not applicable.

Examples of Covered Services

- Breast and pelvic exams and pap tests or other FDA approved cervical cancer screening tests for women once a year.
- Well baby care through age 2 years.
- Sigmoidoscopy when done as a health screening test beginning at age 50, and then only once every 5 years.
- Colonoscopy when performed as a health-screening test (e.g., patients age 50 and older with significant family history or other risk factors) every 10 years.
- Screening for blood lead levels in children at risk for lead poisoning, as determined by the primary care physician.

Examples of Non-Covered Services

Physical examinations solely for employment, licensure, school, DMV, etc. purposes, unless it corresponds to the schedule of routine physicals.

Preventive Health Services – Grandfathered Plans

References

Evidence of Coverage

IFP Evidence of Coverage and Health Service Agreement

HMO Benefit Guidelines for:

Gynecological Examinations

Vision Screening

Health & Safety Code, Section 1367.64

Blue Shield HMO IPA/Medical Group Procedures Manual