



MEDICAL MUTUAL®

Preventive Care Services

A GUIDE FOR EMPLOYERS AND MEMBERS



An ounce of prevention is worth a pound of cure.

Getting preventive care is one of the most important steps our members can take to manage their health. Routine preventive care can identify and address risk factors before they lead to illness. When illness is prevented, it helps reduce healthcare costs. Members should work with their healthcare providers, who can help them follow these guidelines and address their specific health concerns.

The screenings and immunizations listed in this summary include services required by healthcare reform (the Patient Protection and Affordable Care Act).

For plan years beginning on or after September 23, 2010, non-grandfathered health plans¹ must cover these routine immunizations and other services that are recommended by the United States Preventive Services Task Force A or B, and by other organizations such as Bright Futures, endorsed by the American Academy of Pediatrics.

If these services are performed by a network provider, members cannot be charged a copayment, coinsurance or deductible. Out-of-network charges may apply if the services are performed by a non-network provider.

If you have questions about these recommended screenings and immunizations, please contact your Medical Mutual representative or broker. He or she can also give you more details about the recommended frequency of these services. You can also call our Customer Care Center at the number on your identification card for more information.

Child Preventive Care²

Preventive Physical Exams and Screening Tests

- Behavioral counseling to prevent skin cancer
- Behavioral counseling to promote a healthy diet
- Blood pressure screening
- Cholesterol and lipid level screening
- Dental caries prevention
- Depression screening
- Developmental and behavioral assessments
- Hearing screening for newborns
- Iron deficiency anemia screening and iron supplementation
- Lead exposure screening
- Newborn gonorrhea prophylaxis
- Newborn screenings, including sickle cell anemia
- Screening and behavioral counseling related to tobacco and drug use
- Screening and counseling for obesity
- Screening and counseling for sexually transmitted infections
- Screenings for heritable diseases in newborns
- Tuberculosis screening
- Vision screening

Immunizations (Vaccines)

- Diphtheria, Tetanus, Pertussis (DTaP, Tdap)
- Haemophilus influenzae type B (Hib)
- Hepatitis A (HepA) and Hepatitis B (HepB)
- Human Papillomavirus (HPV)
- Influenza (flu shot) (IIV, LAIV)
- Measles, Mumps, Rubella (MMR)
- Meningococcal (MCV)
- Pneumococcal (pneumonia) (PCV, PPSV)
- Polio (IPV)
- Rotavirus (RV)
- Varicella (chicken pox) (VAR)

Prescription Drugs³

- Fluoride (age 0 to 6 years)
 - Iron (age 0 to 12 months)
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Adult Preventive Care²

Preventive Physical Exams and Screening Tests

- Abdominal aortic aneurysm screening (males age 65 to 75)
- Blood pressure screening
- Cholesterol and lipid level screening
- Colorectal cancer screening including fecal occult blood test, flexible sigmoidoscopy or colonoscopy (age 50 to 75)
- Depression screening
- Diabetes screening
- Hepatitis C screening if at high risk (or one-time screening for adults born 1945 to 1965)
- HIV screening
- Screening and counseling for sexually transmitted infections
- Screening for lung cancer (current and former smokers ages 55 to 80)

Counseling and Education Interventions

- Behavioral counseling to prevent skin cancer
- Behavioral counseling to promote a healthy diet
- Counseling related to aspirin use for the prevention of cardiovascular disease
- Prevention of falls in older adults
- Screening and behavioral counseling to reduce alcohol abuse
- Screening and behavioral counseling related to tobacco use
- Screening and nutritional counseling for obesity (up to four visits; additional visits must be approved)

Immunizations (Vaccines)

- Hepatitis A (HepA) and Hepatitis B (HepB)
- Herpes Zoster (shingles) (HZV)
- Human Papillomavirus (HPV)
- Influenza (flu shot) (IIV, LAIV)
- Measles, Mumps, Rubella (MMR)
- Meningococcal (MCV, MPSV)
- Pneumococcal (pneumonia) (PCV, PPSV)
- Tetanus, Diphtheria, Pertussis (Td, Tdap)

Prescription Drugs³

- Aspirin (males age 45 to 79, females age 55 to 79)
- Colonoscopy preparations (age 50 to 75)
- Folic acid (females only)
- Medication to reduce risk of primary breast cancer in women
- Smoking cessation aids
- Vitamin D (age 65 and older)
- Women's contraceptives

Women's Services

- Breast and ovarian cancer susceptibility screening, counseling and testing (including BRCA testing)
- Breast cancer screening (mammogram)
- Breast feeding counseling and rental of breast pumps and supplies up to the purchase price
- Bone density test to screen for osteoporosis (one every 24 months for age 50 and older)
- Cervical cancer screening (Pap test)
- Chlamydia screening
- Discussion of chemoprevention with women at high risk for breast cancer
- FDA-approved contraception methods and counseling for women, including sterilization
- HPV DNA testing
- Lactation classes (up to 20 visits)
- Pregnancy screenings (including hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, gonorrhea, Chlamydia, iron deficiency anemia, alcohol misuse, tobacco use, HIV, gestational diabetes)
- Prenatal services
- Primary care intervention to promote breastfeeding
- Screening and counseling for interpersonal and domestic violence
- Well woman visits (up to three visits)

Please Note

This is a summary of the Affordable Care Act Preventive Care requirements and is not intended to be an exhaustive list. This list is subject to change upon issuance of additional regulations or guidance. The preventive care services on the back of this flier are for your information only. They are not intended to be, and should not substitute for, professional medical advice, diagnosis or treatment from your treating medical professional. Decisions about care need to be individualized and should be made in concert with treating medical professionals. The information provided does not establish or imply coverage for any particular treatment or service. Any recommended treatment or services will be determined based on your eligibility and coverage under the specific terms and conditions of your benefit plan.

Footnotes

1. If you do not know your health plan's grandfathered status, contact our Customer Care Center at the number on your identification card.
 2. Some exams, screening tests and immunizations may be subject to age restrictions. Refer to the U.S. Preventive Services Task Force website for details. (USPreventiveServicesTaskForce.org)
 3. To receive 100 percent coverage for these medications (i.e., no out-of-pocket cost), members must get a prescription from their healthcare provider and present it at the pharmacy, even if the medication is available over the counter without a prescription.
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