

Healthcare Reform Update

Summary of Preventive and Contraceptive Services

(as of September 20, 2023)

The services listed below apply to plans that have elected or are required to provide preventive and contraceptive services under the Patient Protection and Affordable Care Act. Such services are covered where clinically appropriate, under recommendations of the United States Preventive Services Task Force and supporting evidence. Limitations may apply with respect to the availability, setting, frequency, or method of a service or treatment. Members are responsible for payment of their monthly premium. However, these preventive and contraceptive services are offered at no additional cost. You will not pay a copay or coinsurance for these services, even if you haven't met your deductible.

Children

- Well child visits (to age 21) to include:
 - ☐ Autism screening
 - ☐ Cardiac arrest risk assessment
 - ☐ Certain diagnostic screenings for newborns
 - ☐ Cervical dysplasia for sexually active females
 - ☐ Counseling for certain sexually transmitted diseases for those at increased risk
 - ☐ Depression screening
 - ☐ Developmental screenings—under age 3
 - ☐ Fluoride varnish
 - ☐ Hearing screening for newborns
 - ☐ Hematocrit or hemoglobin screening
 - ☐ Hepatitis B infection assessment
 - ☐ HIV screening
 - ☐ Lead testing
 - ☐ Obesity screening
 - ☐ Suicide risk assessment
 - ☐ Vision screening
- Immunizations for children:
 - ☐ COVID-19
 - ☐ Diphtheria, Tetanus, Pertussis
 - ☐ Hepatitis A and Hepatitis B
 - ☐ Human Papillomavirus (HPV)
 - ☐ Inactivated Polio
 - ☐ Influenza
 - ☐ Influenza B



- ☐ Measles, mumps and rubella
- ☐ Meningococcal
- ☐ Pneumococcal
- ☐ Rotavirus
- ☐ Varicella
- Health, diet and weight counseling
- Alcohol and drug assessments for older children
- Tobacco use screening and cessation counseling

Adults

- Preventive care visits include:
 - ☐ Abdominal aortic aneurysm (one-time) screening
 - ☐ Alcohol misuse screening
 - ☐ Anemia screening
 - ☐ Asymptomatic Bacteriuria Screening
 - ☐ Breast cancer (mammogram)
 - ☐ BRCA testing for breast/ovarian cancer risk and genetic counseling

Adults (cont.)

- ☐ Breastfeeding support, supplies and counseling
- ☐ Cervical cancer screening
- ☐ Cholesterol screening
- ☐ Colon cancer screenings
- ☐ Contraceptive care and counseling, including alternative methods
- ☐ Depression screening
- ☐ FDA-approved contraceptives and counseling
- ☐ Gestational diabetes screening
- ☐ Hepatitis B and Hepatitis C screening
- ☐ High blood pressure screening
- ☐ HIV screening
- ☐ HPV DNA testing
- ☐ Intimate partner, interpersonal and domestic violence screening and counseling
- ☐ Lung cancer screening
- ☐ Obesity screening
- ☐ Osteoporosis screening
- ☐ Rh incompatibility and urinary tract infection screenings for pregnant women
- ☐ Sexually transmitted diseases
- ☐ Tuberculosis screening
- ☐ Type 2 diabetes screening
- ☐ Unhealthy Drug Use Screening
- Health, diet and weight counseling for qualifying adults
- Tobacco use screening and cessation counseling
- Immunizations for adults:
 - ☐ COVID-19
 - ☐ Hepatitis A and B
 - ☐ Herpes Zoster
 - ☐ HPV
 - ☐ Influenza
 - ☐ Measles, mumps and rubella
 - ☐ Diphtheria, Tetanus, Pertussis
 - ☐ Meningococcal
 - ☐ Pneumococcal
 - ☐ Varicella
- Breast cancer drugs
 - ☐ Tamoxifen, Raloxifene, Exemestane and Anastrozole for members 35 and older at an increased risk for invasive breast cancer.
- Breastfeeding supplies (*provided under the Durable Medical Equipment (DME) benefits of the contract*)
 - ☐ Coverage is provided for:
 - ☐ Electric breast pump (rental and/or purchase)
 - ☐ Hospital grade electric breast pump (rental)
 - ☐ Manual breast pumps (rental and/or purchase)
 - ☐ Replacement supplies include:
 - ☐ Adapter for breast pump
 - ☐ Breast pump replacement tubing
 - ☐ Breast shield and splash protector for use with breast pump
 - ☐ Cap for breast pump bottle
 - ☐ Locking ring for breast pump
 - ☐ Polycarbonate bottle for use with breast pump
- Fall Prevention
 - ☐ Physical therapy and Vitamin D (OTC¹) supplementation to prevent falls in community-dwelling adults (those who are not in assisted living facilities or nursing homes), age 65 years or older who are at increased risk for falls.
- FDA-approved contraceptives²
 - ☐ Cervical cap (P) with spermicide (OTC)
 - ☐ Contraceptive implant system (inserted by doctor)
 - ☐ Contraceptive patch (P)
 - ☐ Contraceptive ring (P)
 - ☐ Diaphragm (P) with spermicide (OTC)
 - ☐ Female condoms (OTC)
 - ☐ Fertility mobile apps for contraception (Clue or Natural Cycles)*
 - ☐ IUD (inserted by doctor)
 - ☐ Morning after pill (generic only) (OTC)

- ☐ Oral contraceptive (brand name (P) only when generic equivalent drug is medically inappropriate, as determined by the individual's health care provider).
Preauthorization and medical review of brand name oral contraceptives is required.
- ☐ Oral contraceptive (generics) (P)
- ☐ Shot/injection³ (generic only) (P)
- ☐ Spermicide (OTC)
- ☐ Sponge (OTC) with spermicide (OTC)
- ☐ Sterilization implant
- ☐ Sterilization surgery
- Prenatal care
 - ☐ Routine prenatal obstetrical office visits
 - ☐ Lactation consultations which may include comprehensive breastfeeding education, support, counseling, clinical management and interventions provided to women during the antenatal, perinatal, and postpartum period to support the initiation, maintenance and continuation of breastfeeding, including when provided to women who encounter difficulties breastfeeding due to anatomic variations, complications, and feeding problems with newborns.
 - ☐ Perinatal depression screening and counseling
- Preventive drugs for adults
 - ☐ Aspirin (81mg) (OTC¹)
 - ☐ Colon Preparations—age 50–74 (P)
 - ☐ Folic Acid—women of childbearing age (P)
 - ☐ Smoking Cessation (OTC¹)
 - ☐ Vitamin D (600IU–800IU)—age 65 years and older (P)
 - ☐ Statins (generic low to moderate intensity)—adults age 40 to 75 (P)
 - ☐ Generic Truvada (emtricitabine/tenofovir disoproxil fumarate) (brand name (P) only when generic equivalent drug is medically inappropriate, as determined by the individual's health care provider) including medication monitoring, preventive counseling or office visits which may include the following services:
 - ☐ Adherence counseling
 - ☐ Creatinine testing
 - ☐ HIV, Hepatitis B and Hepatitis C screenings
 - ☐ Pregnancy testing
 - ☐ STI screening & counseling
- Preventive drugs for children
 - ☐ Fluoride—starting at 6 months (P)
 - ☐ Iron—6–12 mo. risk of anemia (OTC¹)

**Additional information on preventive services is available
at healthcare.gov/coverage/preventive-care-benefits**

To verify your benefits, check your benefits contract, your enrollment materials or log into *My Account* at carefirst.com/myaccount.

* Cannot submit to both HSA and FSA for reimbursement

¹ Requires a prescription from a physician and must be purchased at a pharmacy to obtain the zero-cost share.

² Prescriptions must be purchased at a network pharmacy to obtain the zero-cost share. Members may be able to receive up to a 12-month supply of prescription contraceptives. Requires a prescription from a physician, or from a Maryland or D.C. board-certified network pharmacist, for the contraceptive(s). For Maryland members, a prescription is not required for certain OTC emergency contraceptives. Ask your pharmacist if you have any questions regarding dispensing amount.

³ Includes brand name Depo-SubQ Provera 104 (injection). (P) Prescription Required. (OTC) Over the Counter.