



Department of Origin: Integrated Healthcare Services	Effective Date: 08/23/24
Approved by: Chief Medical Officer	Date Approved: 08/22/24
Clinical Policy Document: Preventive Coverage of Health Care Services	Replaces Effective Policy Dated: 02/07/24
Reference #: MP/P012	Page: 1 of 3

The Patient Protection and Affordable Care Act of 2010 (the “ACA”) requires that “non-grandfathered” insured and self-insured group health plans and individual insurance policies provide full coverage, with no cost-sharing for the member, for certain preventive care services that members receive from *participating providers*. The ACA defines preventive services to include for covered adults and children, as applicable, certain annual or periodic exam, screening, counseling and immunization services, and, for women with reproductive capacity, certain contraceptive methods and related counseling.

These preventive services are described in the United States Preventive Services Task Force (USPSTF) A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC), the Health Resources and Services Administration (HRSA) Guidelines including the Health and Human Services (HHS) Health Plan Coverage Guidelines for Women’s Preventive Services and the American Academy of Pediatrics (AAP) Bright Futures periodicity guidelines.

For insured individual, small and large groups, additional preventive services are covered in accordance with applicable state statutes.

PURPOSE:

The intent of this policy is to provide guidelines for health care services covered at the preventive, no-cost sharing level of benefit.

Please refer to the member’s benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member’s benefit plan or certificate of coverage, the terms of the member’s benefit plan document will govern.

POLICY:

Health care services are a covered benefit with no cost-sharing in compliance with the ACA and state mandated requirements.

COVERAGE:

- The services are 100% or fully covered by the plan, when they are received from *participating providers*. The plan’s benefit level will be lower (less than 100%) when these services are received from non-participating providers. Refer to the applicable COC or SPD for the applicable non-participating provider benefit level.
- These services are covered services under the plan, and the plan will pay for them only when, at the time of service, the member is eligible for and properly enrolled in coverage, and the member and/or employer have timely paid for your coverage.
- New preventive recommendations will be required to be covered without cost-sharing starting with the plan year (in the individual market, policy year) that begins on or after the date that is one year after the date the recommendation is issued.
- The services listed below are generally covered as preventive health care services when they are provided during an annual or other periodic preventive physical or wellness exam. Unless otherwise specifically stated, the services listed below are preventive when: (i) they are performed by a primary care practitioner or in a primary care setting (exceptions may apply), (ii) for the purpose of preventing

Department of Origin: Integrated Healthcare Services	Effective Date: 08/23/24
Approved by: Chief Medical Officer	Date Approved: 08/22/24
Clinical Policy Document: Preventive Coverage of Health Care Services	Replaces Effective Policy Dated: 02/07/24
Reference #: MP/P012	Page: 2 of 3

diseases or conditions in asymptomatic persons (those with no symptoms), and (iii) are properly coded by the practitioner.

- If the service is a screening (whether involving completion of a written assessment, a lab test, or a procedure that uses diagnostic equipment), the member must be asymptomatic, meaning that they do not have symptoms of a condition or disease and either have not previously received a screening or have previously received the applicable screening according to the applicable time frame with “normal” results.
- Generally, if a preventive service results in follow up treatment for an identified condition or illness, such follow up treatment is not a preventive health care service. Services that are not preventive may be covered as medical care or treatment services under another non-preventive provision of the plan, and subject to the applicable member cost-sharing.
- Many drugs, medications, vitamins and supplements, both prescribed and over-the-counter are not preventive health care services. When prescribed, they may be covered under a separate non-preventive benefit provision of the plan, and subject to the applicable member cost-sharing.
- Coverage and benefits for preventive health care services, and the frequency, method, treatment or setting for them is subject to any limits and exclusions set forth in the applicable certificate of coverage or contract, plan document or SPD, and the plan’s usual policies, processes and requirements.

DEFINITION:

Participating Provider:

A licensed clinic, physician, provider or facility that is directly contracted to participate in the specific participating provider network designated by the plan to provide benefits to the member. The participating status of providers may change from time to time.

REFERENCES:

1. U.S. Department of Labor: July 19, 2010 IRS Interim Rules. Retrieved from http://www.irs.gov/irb/2010-29_IRB/index.html Accessed 08-21-24.
2. U.S. Department of Labor: Employee Benefits Security Administration. Retrieved from <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers> Accessed 08-21-24.
3. U.S. Department of Labor: Employee Benefits Security Administration. Affordable Care Act Implementation Frequently Asked Questions. Retrieved from <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/aca-implementation-faqs> Accessed 08-21-24.
4. Women’s Preventive Services Guidelines: <https://www.hrsa.gov/womens-guidelines> Date Last Reviewed March 2024. Accessed 08-21-24.
5. American Academy of Pediatrics / Bright Futures / Recommendations for Pediatric Preventive Healthcare. (For ages 0 – 21). Updated June 2024. Retrieved from https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf. Accessed 08-21-24.
6. American Academy of Pediatrics, Bright Futures Guidelines, 4th edition, Evidence and Rationale chapter. Last Updated 04/26/2022. <https://www.aap.org/en/practice-management/bright-futures/bright-futures-materials-and-tools/bright-futures-guidelines-and-pocket-guide/>. Accessed 08-21-24.

PreferredOne®

Department of Origin: Integrated Healthcare Services	Effective Date: 08/23/24
Approved by: Chief Medical Officer	Date Approved: 08/22/24
Clinical Policy Document: Preventive Coverage of Health Care Services	Replaces Effective Policy Dated: 02/07/24
Reference #: MP/P012	Page: 3 of 3

7. Published Recommendations, U.S. Preventive Services Task Force:
<http://www.uspreventiveservicestaskforce.org/BrowseRec/Index/browse-recommendations>.
Accessed 08-21-24.
8. American Academy of Family Physicians (AAFP) Clinical Preventive Services Recommendations
<https://www.aafp.org/family-physician/patient-care/clinical-recommendations/aafp-cps.html>. Accessed
08-21-24.
9. Wisconsin Statute 632.895 Mandatory Coverage

DOCUMENT HISTORY:

Created Date: 08/24/21
Reviewed Date: 08/22/22, 08/22/23, 08/21/24
Revised Date: 10/05/22

PreferredOne Community Health Plan Nondiscrimination Notice

PreferredOne Community Health Plan (“PCHP”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PCHP:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Y: Néu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານບໍ່ເຂົ້າໃຈພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ອັດຕະໂນພາສາ, ໂດຍບໍ່ເສຍຄ່າ ຈຳນວນ ພາສາ ທ່ານ, ໂທສ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚክላሎ ቁጥር ይደውሉ 1.800.940.5049 (ማስማት ለተሳናቸው: 763.847.4013) .

ဟံသာဝတီ- နေရာကတိာ ကညိ ကျိအယိ. နေရာနဲ့ ကျိအတိာမၤစၤလၢ တလၢကတိာလၢကတိာ နိတံၤဘၣ်သ့န့ၣ်လီၤ. ကိ: 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).

PreferredOne Insurance Company Nondiscrimination Notice

PreferredOne Insurance Company ("PIC") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PIC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PIC:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PIC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Insurance Company
PO Box 59212
Minneapolis, MN 55459-0212
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ວາວ, ການບໍລິການຊ່ວຍເຫຼືອ ອັດຕະໂນພາສາ, ໂດຍບໍ່ເສຍຄ່າ ວ່າ ມາດຕະຖານ ທ່ານ. ໂທສ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚክተለው ቁጥር ይደውሉ 1.800.940.5049 (ማስማት ለተሳናቸው: 763.847.4013) .

ဟံသာဝတီ- နေရာကတိာ ကညိ ကျိအယိ. နေရာနဲ့ ကျိအတိာမၤစၤလၢ တလၢကတိာလၢကတိာ နိတံၤဘၣ်သ့န့ၣ်လီၤ. ကိ: 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយភ្នែកភាសា ដោយមិនគិតល្អឃ្នក គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번외로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).