

Preventive Care Services Required without Cost Sharing under Health Care Reform

Important: This table lists all preventive care services required to be provided by non-grandfathered plans (in-net only, but must provide out-net if no in-net provider). If the Plan document language conflicts with the provisions of this table, the provisions of this table will supersede the terms of the Plan.

Category	Summary	
<u>Required Preventive Care Services</u>	<u>Service or Condition</u>	<u>Recommendation</u>
Applies only to non-grandfathered plans		
<i>Covered In-Network Preventive Services for Adults</i>	Abdominal aortic aneurysm screening: men	One-time screening by ultrasonography of men aged 65 to 75 who have ever smoked
	Aspirin preventive medication: adults aged 50-59 w/a $\geq 10\%$ 10-year cardiovascular risk	Initiating low-dose aspirin for primary prevention of cardiovascular disease and colorectal cancer in adults aged 50-59 who have a 10% or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years (covered only when prescribed by a health care provider)
	Colorectal cancer screening	Screening of adults beginning at age 50 (age 45 effective plan years beginning on/after 5/31/22) and continuing until age 75 using fecal occult blood testing, sigmoidoscopy, and colonoscopy (includes anesthesia, specialist consultation before procedure, cost of polyp removal, pathology exam on polyp biopsy, and bowel preparation medications prescribed for the procedure)
	COVID-19 vaccine	Use of Pfizer-BioNTech COVID-19 vaccine in persons aged 6 months and older for the prevention of COVID-19 Use of Moderna COVID-19 vaccine in persons aged 6 months and older for prevention of COVID-19 Use of Janssen (Johnson & Johnson) COVID-19 vaccine in persons aged 18 years and older for the prevention of COVID-19
	Depression screening: adults	Screening of general adult population, including pregnant and postpartum persons, implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up
	Diabetes screening	Screening for prediabetes and type 2 diabetes in adults aged 40-70 (aged 35-70 effective plan years beginning on/after 8/31/22) who are overweight or obese and offers or referrals of patients with prediabetes to effective preventive interventions
	Falls Prevention: older adults	Exercise interventions to prevent falls in community-dwelling adults aged 65 and older who are at increased risk for falls
	Healthful diet and physical activity counseling to prevent cardiovascular disease	Offer of or referral to behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention in adults 18 and older with known hypertension or elevated blood pressure, dyslipidemia, or mixed or multiple risk factors such as metabolic syndrome or estimated 10-year CVD risk of 7.5% or greater
	Hepatitis B screening: non-pregnant adults	Screening of all adults at high risk for infection
	Hepatitis C virus infection: screening: adults	Screening of adults aged 18 to 79 years
	HIV preexposure prophylaxis for the prevention of HIV infection	Offer of preexposure prophylaxis with effective antiretroviral therapy to persons at high risk of HIV acquisition (click here for summary)
	HIV screening: adults aged 18 to 65	Screening of adults aged 18-65 and of older adults at increased risk (includes HIV test)
	Hypertension screening: adults aged 18 or older without known hypertension	Screening of adults aged 18 and older with office blood pressure measurement and obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment
	Immunization vaccines for adults	Hepatitis A; Hepatitis B; Herpes Zoster; Human Papillomavirus; Influenza; Haemophilus influenzae type b; Measles, Mumps, Rubella; Meningococcal; Pneumococcal; Tetanus, Diphtheria, Pertussis; Varicella (doses, recommended ages, and recommended populations vary)

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<i>Covered In-Network Preventive Services for Adults, continued</i>	Lung cancer screening	Screening annually with low-dose computed tomography in adults aged 55 to 80 who have a 30 pack-year smoking history (20 pack-year history effective plan years beginning on/after 3/31/22) and currently smoke or have quit within the past 15 years (discontinue when person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability/willingness to have curative lung surgery)
	Obesity screening and counseling: adults	Offer of or referral to intensive, multicomponent behavioral interventions for adults with a body mass index of 30 kg/m ² or higher
	Sexually transmitted infections counseling	Intensive behavioral counseling for adults who are at increased risk
	Skin cancer behavioral counseling	Counseling for adults aged 18-24 with fair-skin types about minimizing exposure to UV radiation to reduce risk of skin cancer
	Statin preventive medication: adults aged 40-75 with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater	Low- to moderate-dose statin for adults without a history of cardiovascular disease (CVD), i.e., symptomatic coronary artery disease or ischemic stroke, for prevention of CVD events and mortality when they meet all of the following criteria: aged 40-75; one or more CVD risk factors, i.e., dyslipidemia, diabetes, hypertension, or smoking; and calculated 10-year risk of a cardiovascular event of 10% or greater (identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults aged 40-75)
	Syphilis screening: non-pregnant persons	Screening of all persons at increased risk
	Tobacco use counseling and interventions: non-pregnant adults	Screening of all adults for tobacco use, advice to stop tobacco use, and behavioral interventions and FDA-approved pharmacotherapy for cessation for adults who use tobacco (effective plan years beginning on/after 1/31/22, at least two cessation attempts per year; one attempt includes four counseling sessions of at least 10 minutes each, including telephone, group, and individual counseling without prior authorization and all FDA approved cessation medications for a 90-day regimen as prescribed by a clinician without prior authorization)
	Tuberculosis screening: adults	Screening of populations at increased risk for latent tuberculosis infection
	Unhealthy alcohol use: adults	Screening in primary care settings of adults aged 18 and older, including pregnant persons, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use
	Unhealthy drug use: adults	Screening of adults aged 18 and older for unhealthy drug use; screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred; screening refers to asking questions about unhealthy drug use, not testing biological specimens
<i>Covered In-Network Preventive Services for Women, Including Pregnant Persons</i>	Anxiety Screening: adult women	Screening of adult women for anxiety, including those who are pregnant or postpartum
	Bacteriuria screening: pregnant persons	Screening of pregnant persons for asymptomatic bacteriuria using urine culture
	BRCA risk assessment and genetic counseling/testing	Screening by primary care clinicians of women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool and genetic counseling (and if indicated after counseling, genetic testing) for women with positive results on the risk assessment tool

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<u>Required Preventive Care Services</u>	<u>Service or Condition</u>	<u>Recommendation</u>
Applies only to non-grandfathered plans		
<i>Covered In-Network Preventive Services for Women, Including Pregnant Persons, continued</i>	Breast cancer preventive medications: women at increased risk for breast cancer aged 35 years or older	Offers by clinicians to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women at increased risk for breast cancer and at low risk for adverse medication effects
	Breast cancer screening	Screening mammography, with or without clinical breast examination, every 1-2 years in women aged 40 and older; imaging tests, biopsies, or other interventions are part of screening
	Breastfeeding interventions	Comprehensive lactation support (counseling and education) by a trained provider during pregnancy and after birth (includes in/outpatient; any providers acting within the scope of their state licenses or certifications, e.g., RNs; and out-of-network providers if no in-network providers exist) and costs for renting breastfeeding equipment, for each birth for the duration of breastfeeding (a plan may require purchase instead of rental or require that only manual breast pumps are covered unless an electric pump is medically necessary (except that effective plan years beginning on/after 12/30/22, double electric breast pumps are covered, regardless of prior failure of a manual pump); includes storage bags [not subject to any plan max])
	Cervical cancer screening	Screening of women aged 21-29 with cytology (Pap smear) alone every 3 years; for women aged 30-65, screening with cytology alone every 3 years or with hrHPV alone or hrHPV in combination with cytology every 5 years
	Chlamydia screening: women	Screening of sexually active women aged 24 years and younger and of older women at increased risk
	Contraception†	All FDA-approved (effective plan years beginning on/after 12/30/22, FDA-granted or –cleared) contraceptive methods, sterilization procedures, and patient education and counseling, excluding abortifacient agents, for all women with reproductive capacity as prescribed in writing by a Physician, Physician's Assistant, or Nurse Practitioner within the legally appointed scope of his or her license (These charges shall be paid as Routine preventive care, as described in the Plan's Schedule of Benefits. Covered services include follow up and management of side effects, counseling for continued adherence, and device removal, but not pre-op testing.); fertility awareness-based methods, including lactation amenorrhea, for women desiring an alternative method
	Diabetes mellitus screening after pregnancy	Screening of persons with a history of gestational diabetes mellitus who are not currently pregnant and who have not been previously diagnosed with type 2 diabetes mellitus; initial testing within the first year postpartum, which can be conducted as early as 4-6 weeks postpartum; screening of person with a negative initial postpartum screening test result at least every 3 years for a minimum of 10 years after pregnancy; for person with a positive postpartum screening result, testing to confirm the diagnosis of diabetes is indicated regardless of the initial test (e.g., oral glucose tolerance test, fasting plasma glucose, or hemoglobin A1c); repeat testing is indicated in persons who were screened with hemoglobin A1c in the first 6 months postpartum regardless of the result
	Folic acid supplementation	Daily supplements for persons planning or capable of pregnancy containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid (covered only when prescribed by a health-care provider)
	Gestational diabetes mellitus screening	Screening between 24 and 28 weeks' gestation (after 24 weeks effective plan years beginning on/after 8/31/22) for asymptomatic pregnant persons, at the first prenatal visit for high-risk pregnant persons, and within the first year postpartum (as early as 4-6 weeks postpartum) for persons with a history of gestational diabetes who have not been diagnosed with type 2 diabetes
	Gonorrhea screening: women	Screening of sexually active women aged 24 and younger and of older women at increased risk

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<p>Applies only to non-grandfathered plans</p> <p><i>Covered In-Network Preventive Services for Women, Including Pregnant Persons, continued</i></p>	<p>Healthy weight and weight gain in pregnancy: behavioral counseling interventions</p> <p>Hepatitis B screening: pregnant persons</p> <p>HIV screening: pregnant persons</p> <p>Intimate partner violence screening: women of reproductive age</p> <p>Osteoporosis screening: postmenopausal women younger than 65 years at increased risk of osteoporosis</p> <p>Osteoporosis screening: women 65 years and older</p> <p>Perinatal depression: counseling and interventions</p> <p>Preeclampsia prevention: aspirin</p> <p>Preeclampsia screening</p> <p>Rh incompatibility screening: 1st pregnancy visit</p> <p>Rh incompatibility screening: 24-28 weeks' gestation</p> <p>Syphilis screening: pregnant persons</p> <p>Tobacco use counseling: pregnant persons</p> <p>Urinary incontinence screening</p> <p>Well-woman visits</p>	<p>Offer to pregnant persons of effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess weight gain (effective plan years beginning on/after 5/31/22)</p> <p>Screening of pregnant persons at their first prenatal visit</p> <p>Screening of all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown</p> <p>Screening of women of reproductive age and provision of or referral to ongoing support services for women who screen positive</p> <p>Screening with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years at increased risk of osteoporosis, as determined by a formal clinical risk-assessment tool</p> <p>Screening with bone measurement testing to prevent osteoporotic fractures in women 65 years and older</p> <p>Provision of or referral to counseling interventions for pregnant and postpartum persons at increased risk of perinatal depression</p> <p>Use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks gestation in high-risk persons</p> <p>Screening in pregnant persons with BP measurements throughout pregnancy</p> <p>Rh (D) blood typing and antibody testing for all pregnant persons during their first visit for pregnancy-related care</p> <p>Repeated Rh (D) antibody testing for all un-sensitized Rh (D)-negative persons at 24-28 weeks' gestation, unless the biological father is known to be Rh (D) negative</p> <p>Early screening of all pregnant persons</p> <p>Screening of all pregnant persons for tobacco use, advice to stop tobacco use, and behavioral interventions for cessation for pregnant persons who use tobacco (effective plan years beginning on/after 1/31/22, at least two cessation attempts per year; one attempt includes four counseling sessions of at least 10 minutes each, including telephone, group, and individual counseling without prior authorization and all FDA-approved cessation medications for a 90-day regimen as prescribed by a clinician without prior authorization)</p> <p>Screening annually</p> <p>Annual (or more frequent if necessary) visits to obtain recommended age-appropriate and risk-appropriate preventive services, including preconception and many services necessary for prenatal and inter-conception care; pre-pregnancy, prenatal, post-partum and inter-pregnancy visits are also included</p>
<p><i>Covered In-Network Preventive Services for Children</i></p>	<p>Alcohol and drug use</p> <p>Anemia</p> <p>Anxiety screening: adolescent women</p> <p>Autism</p> <p>Behavioral assessments</p> <p>Bilirubin concentration</p>	<p>Assessments for adolescents</p> <p>Routine screening for iron-deficiency anemia</p> <p>Screening of adolescent women for anxiety, including those who are pregnant or postpartum</p> <p>Screening of children at 18 and 24 months</p> <p>Assessments of children of all ages (0-11 months, 1-4 years, 5-10 years, 11-14 years, 15-17 years)</p> <p>Screening of newborns</p>

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<i>Covered In-Network Preventive Services for Children, continued</i>	Blood pressure screening	Screening of children of all ages (0-11 months, 1-4 years, 5-10 years, 11-14 years, 15-17 years)
	Blood screening	Screening of newborns
	Cervical dysplasia	Screening of sexually active females
	COVID-19 vaccine	Use of Pfizer-BioNTech COVID-19 vaccine in persons aged 6 months and older for the prevention of COVID-19
		Use of Moderna COVID-19 vaccine in persons aged 6 months and older for prevention of COVID-19
	Critical congenital heart defect	Screening of newborns using pulse oximetry after 24 hours of age before discharge from the hospital
	Dental caries prevention: infants and children up to age 5 years	Application of fluoride varnish to primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices and prescription by primary care clinicians of oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient
	Depression screening: adolescents	Screening of adolescents aged 12-17 years for major depressive disorder, implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up
	Developmental screening and surveillance	Screening of children under age 3 years and surveillance throughout childhood
	Dyslipidemia	Screening of children at higher risk of lipid disorders (1-4 years, 5-10 years, 11-14 years, 15-17 years)
	Gonorrhea prophylactic medication: newborns	Prophylactic ocular topical medication for all newborns to prevent gonococcal ophthalmia neonatorum
	Hearing screening	Screening for hearing loss in all newborns and for children once between 11-14 years and once between 15-17 years
	Height, weight, body mass index, head circ., and BP	Measurements of children (0-11 months, 1-4 years, 5-10 years, 11-14 years, 15-17 years)
	Hematocrit or hemoglobin	Screening of children
	Hemoglobinopathies screening: newborns	Screening for sickle-cell disease in newborns
	Hepatitis B screening: non-pregnant adolescents	Screening of all adolescents at high risk for infection
	HIV screening: adolescents aged 15 to 17	Screening of adolescents aged 15-17 years and of younger adolescents at increased risk (includes HIV test); effective plan years beginning on/after 12/30/22, risk assessment and prevention education for adolescents beginning at age 13 and continuing as determined by risk
	Hypothyroidism screening: newborns	Screening for congenital hypothyroidism in newborns
	Immunization vaccines for children from birth to age 18	Diphtheria, Tetanus, Pertussis; Haemophilus influenzae type b; Hepatitis A; Hepatitis B; Human Papillomavirus; Inactivated Poliovirus; Influenza; Measles, Mumps, Rubella; Meningococcal; Pneumococcal; Rotavirus; Varicella (doses, recommended ages, and recommended populations vary)
	Intimate partner violence screening: adolescent women of reproductive age	Screening of adolescent women of reproductive age and provision of or referral to ongoing support services for women who screen positive
	Iron supplementation	Supplements for children aged 6 to 12 months at risk for anemia (covered only when prescribed by a health-care provider)
	Lead screening	Screening of children at risk of exposure

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Applies only to non-grandfathered plans		
<i>Covered In-Network Preventive Services for Children, continued</i>	Maternal depression	Screening for mothers of infants at 1-, 2-, 4-, and 6-month visits
	Medical history	Screening of all children throughout development (0-11 months, 1-4 years, 5-10 years, 11-14 years, 15-17 years)
	Obesity screening: children and adolescents	Screening of children and adolescents aged 6 years and older and offer of/referral to comprehensive, intensive behavioral interventions to promote improvement in weight status
	Oral health	Risk assessment of young children (0-11 months, 1-4 years, 5-10 years)
	Phenylketonuria screening: newborns	Screening of newborns
	Sexually transmitted infections counseling	Intensive behavioral counseling for all sexually active adolescents
	Skin cancer behavioral counseling	Counseling of children and adolescents aged 6 months to 17 years with fair-skin types and parents of young children about minimizing exposure to UV radiation to reduce risk of skin cancer
	Tobacco use interventions: children and adolescents	Interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents
	Tuberculin testing	Testing of children at increased risk of tuberculosis (0-11 months, 1-4 years, 5-10 years, 11-14 years, 15-17 years)
<i>Covered In-Network Preventive Drugs</i>	Vision screening: children	Screening of all children at least once between the ages of 3 and 5 years to detect amblyopia or its risk factors
	Aspirin preventive medication: adults aged 50-59 w/a $\geq 10\%$ 10-year cardiovascular risk	Initiating low-dose aspirin for primary prevention of cardiovascular disease and colorectal cancer in adults aged 50-59 who have a 10% or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years (covered only when prescribed by a health-care provider)
	Breast cancer preventive medications	Offers by clinicians to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women at increased risk for breast cancer and at low risk for adverse medication effects
	Contraceptive agents†	All FDA-approved (effective plan years beginning on/after 12/30/22, FDA-granted or –cleared) contraceptive agents, excluding abortifacient agents, for all persons with reproductive capacity as prescribed in writing by a Physician, Physician's Assistant, or Nurse Practitioner within the legally appointed scope of his or her license
	COVID-19 vaccine	Use of Pfizer-BioNTech COVID-19 vaccine in persons aged 6 months and older for the prevention of COVID-19 Use of Moderna COVID-19 vaccine in persons aged 6 months and older for prevention of COVID-19 Use of Janssen (Johnson & Johnson) COVID-19 vaccine in persons aged 18 years and older for the prevention of COVID-19
	Dental caries prevention: infants and children up to age 5 years	Application of fluoride varnish to primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices and prescription by primary care clinicians of oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient
	Folic acid supplementation	Daily supplements for persons planning or capable of pregnancy containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid (covered only when prescribed by a health-care provider)
	Gonorrhea prophylactic medication: newborns	Prophylactic ocular topical medication for all newborns to prevent gonococcal ophthalmia neonatorum

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Applies only to non-grandfathered plans		
<i>Covered In-Network Preventive Drugs, continued</i>	<p>HIV preexposure prophylaxis for the prevention of HIV infection</p> <p>Immunization vaccines for adults</p> <p>Immunization vaccines for children from birth to age 18</p> <p>Iron supplementation</p> <p>Preeclampsia prevention: aspirin</p> <p>Statin preventive medication: adults aged 40-75 with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater</p>	<p>Offer of preexposure prophylaxis with effective antiretroviral therapy to persons at high risk of HIV acquisition (click here for summary)</p> <p>Hepatitis A; Hepatitis B; Herpes Zoster; Human Papillomavirus; Influenza; Haemophilus influenzae type b; Measles, Mumps, Rubella; Meningococcal; Pneumococcal; Tetanus, Diphtheria, Pertussis; Varicella (doses, recommended ages, and recommended populations vary)</p> <p>Diphtheria, Tetanus, Pertussis ; Haemophilus influenzae type b; Hepatitis A; Hepatitis B; Human Papillomavirus; Inactivated Poliovirus; Influenza; Measles, Mumps, Rubella; Meningococcal; Pneumococcal; Rotavirus; Varicella (doses, recommended ages, and recommended populations vary)</p> <p>Supplements for children aged 6 to 12 months at risk for anemia (covered only when prescribed by a health-care provider)</p> <p>Low-dose aspirin (81 md/d) as preventive medication after 12 weeks gestation in persons who are at high risk for preeclampsia (covered only when prescribed by a health-care provider)</p> <p>Low- to moderate-dose statin for adults without a history of cardiovascular disease (CVD), i.e., symptomatic coronary artery disease or ischemic stroke, for prevention of CVD events and mortality when they meet all of the following criteria: aged 40-75; one or more CVD risk factors, i.e., dyslipidemia, diabetes, hypertension, or smoking; and calculated 10-year risk of a cardiovascular event of 10% or greater (identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults aged 40-75)</p>

†An employer may be able to claim an exemption or an accommodation with respect to the requirement to cover contraceptive services under its group health plan.

The interim final regulations regarding preventive health services provide that if a recommendation or guideline for a recommended preventive health service does not specify the frequency, method, treatment, or setting for the provision of that service, the Plan can use reasonable medical management techniques (which generally limit or exclude benefits based on medical necessity or medical appropriateness using prior authorization requirements, concurrent review, or similar practices) to determine any coverage limitations under the Plan. Thus, to the extent not specified in a recommendation or guideline, a plan may rely on the relevant evidence base and these established techniques to determine the frequency, method, treatment, or setting for the provision of a recommended preventive health service. Plans retain the flexibility to control costs and promote efficient delivery of care by, for example, continuing to charge cost sharing for branded drugs if a generic version is available and is just as effective and safe.

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Applies only to non-grandfathered plans		
<u>PrEP Antiretroviral Medications and Baseline and Monitoring Services</u>		
<p>Once-daily oral treatment with combined tenofovir disoproxil fumarate and emtricitabine is the only formulation of PrEP approved by the FDA for use in the United States in persons at risk of sexual acquisition of HIV infection. However, several studies reviewed by the USPSTF found that tenofovir disoproxil fumarate alone was also effective as PrEP, and CDC guidelines note that, given these trial data, tenofovir disoproxil fumarate alone can be considered as an alternative regimen for high-risk heterosexually active men and women and persons who inject drugs. The following baseline and monitoring services must also be covered without cost sharing:</p> <ol style="list-style-type: none"> 1. HIV testing: Persons must be tested and confirmed to be HIV uninfected before starting PrEP and tested again for HIV every three months while taking PrEP so that, if they have become infected, the medication can be stopped promptly before it could cause a harmful drug resistance to develop. 2. Hepatitis B and C testing: Persons should be screened for hepatitis B virus (HBV) at baseline for the initiation of PrEP consistent with CDC guidelines, so that when the PrEP medications, which suppress HBV replication in the liver, are stopped, persons can be monitored to ensure safety and to rapidly identify any potential injury. Additionally, persons should be screened for hepatitis C virus (HCV) infection at baseline and periodically consistent with CDC guidelines. Screening for HCV infection is indicated for all people with ongoing risk of contracting HCV. 3. Creatinine testing and calculated estimated creatinine clearance (eCrCl) or glomerular filtration rate (eGFR): For persons taking PrEP, their estimated eCrCl or eGFR must be measured and calculated at the beginning of treatment to assess if kidney function is in the range for safe prescribing of PrEP medication. Creatinine and eCrCL or eGFR should be checked periodically consistent with CDC guidelines while on PrEP medication to assess for potential kidney injury and to ensure that it is safe to continue PrEP medication. 4. Pregnancy testing: Persons with childbearing potential taking PrEP must be tested for pregnancy at baseline and should be tested again periodically thereafter consistent with CDC guidelines until PrEP is stopped so that pregnant patients, together with their health care providers, can make a fully informed and individualized decision about taking PrEP. 5. Sexually transmitted infection (STI) screening and counseling: Persons taking PrEP must be screened for STIs at baseline and should be screened periodically thereafter consistent with CDC guidelines, which may require multiple anatomic site testing (i.e., genital, oropharyngeal, and rectal) for gonorrhea and chlamydia, and testing for syphilis, together with behavioral counseling, which are recommended to reduce the risk of STIs, the presence of which may increase the likelihood of acquiring HIV sexually. 6. Adherence counseling: Persons taking PrEP must be offered regular counseling for assessment of behavior and adherence consistent with CDC guidelines to ensure that PrEP is used as prescribed and to maximize PrEP's effectiveness. <p>Plans are also required to cover without cost sharing office visits associated with each recommended preventive service applicable to the participant, beneficiary, or enrollee when the service is not billed separately (or is not tracked as individual encounter data separately) from an office visit, and the primary purpose of the office visit is the delivery of the recommended preventive service.</p>		