

# U65 FIRST RESPONDERS

## BASIC PLAN



The BASIC Plan covers Preventive and Wellness Services, Inpatient and Outpatient Hospital, Physician Services and Pharmacy Benefits. The plan requires deductibles, coinsurance, and copays for various covered In-Network services and some Out-of-Network services.

Deductible <sup>†</sup>	Participating Providers (In-Network)	Non-Participating Providers (Out-of-Network) <sup>1</sup>
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000

Out-of-Pocket Maximum <sup>†</sup>	Participating Providers (In-Network)	Non-Participating Providers (Out-of-Network) <sup>1</sup>
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000

The following table represents the medical services currently covered under the BASIC Plan, as well as the permitted interval and any requirements of such medical services. This plan does not utilize a network for any facilities. All services performed in a medical facility (for example, a hospital as opposed to a primary care physician's office) will be subject to Reference Based Pricing (RBP) reimbursements based on a multiple of the Medicare Reimbursement Rate.

Plan Provisions	Prior Auth Required <sup>2</sup>	Participating Providers (In-Network)	Non-Participating Providers (Out-of-Network) <sup>1</sup>	
<b>PHYSICIAN SERVICES</b>				
<b>Primary Care Office Visit</b> Limited to 3 visits per plan year <sup>†</sup>	No	\$15 Copay	100% Covered, after deductible	
<b>Specialist Office Visit</b> Limited to 3 visits per plan year <sup>†</sup>	No	\$15 Copay	100% Covered, after deductible	
<b>X-ray and Lab Services Performed in the Office</b>	No	100% Covered, after deductible	100% Covered, after deductible	
<b>Other Physician Services Performed in the Office<sup>3</sup></b>	Yes <sup>4</sup>	100% Covered, after deductible	100% Covered, after deductible	
<b>Urgent Care</b> Limited to 3 visits per plan year <sup>†</sup>	No	\$50 Copay	100% Covered, after deductible	
<b>Telemedicine Vendor Services</b>	No	\$0 Copay	Not Applicable	
<b>PREVENTIVE &amp; WELLNESS SERVICES</b>				
<b>(See Schedule of Preventive Health Services)</b>	Non-Hospital Based	No	\$0 Copay	100% Covered, after deductible
	Hospital Based	No	Not Covered	Not Covered
<b>Adult Routine Physical Exam, Annual Routine Mammogram, GYN Exam and PSA</b>	No	\$0 Copay	100% Covered, after deductible	
<b>HOSPITAL/FACILITY SERVICES (Subject to Reference Based Pricing)</b>				
<b>Inpatient Hospitalization</b>	Yes	100% Covered, after deductible (Subject to Reference Based Pricing)		
<b>Inpatient Visits - Physician</b>	No			
<b>Inpatient Surgery - Physician and Anesthesiologist Charges</b> (Second surgical opinion may be required)	Yes			
<b>Outpatient Hospital or Freestanding Facility Services and Surgery</b>	Yes			
<b>Anesthesia</b>	No			
<b>Emergency Room Facilities and Covered Services<sup>5</sup></b>	No	\$1,000 Copay (copay waived if admitted) (Hospital charges subject to deductible, coinsurance and Reference Based Pricing)		
<b>OUTPATIENT: DIAGNOSTIC SERVICES</b>				
<b>Laboratory &amp; Minor Diagnostic Services</b> (Laboratory Services, Ultrasounds, Bone Density, Echography, etc.)	Non-Hospital Based	No	100% Covered, after deductible	100% Covered, after deductible
	Hospital Based	No	Not Covered	Not Covered
<b>Radiology</b>	Non-Hospital Based	No	100% Covered, after deductible	100% Covered, after deductible
	Hospital Based	No	Not Covered	Not Covered
<b>CT/MRI/MRA/PET Scan</b>	Non-Hospital Based	Yes	100% Covered, after deductible (Subject to Reference Based Pricing)	
	Hospital Based	No	Not Covered	Not Covered

This summary is intended as an overview of plan benefits. In the event of a discrepancy between this summary and the governing plan documents, the Summary Plan Description (SPD) and Schedule of Benefits (SOB) shall prevail.

Plan Provisions		Prior Auth Required <sup>2</sup>	Participating Providers (In-Network)	Non-Participating Providers (Out-of-Network) <sup>1</sup>
<b>PREGNANCY BENEFITS</b>				
Professional Services		No	100% Covered, after deductible	100% Covered, after deductible
Maternity/Childbirth/Delivery (Considered Inpatient Hospital Stay)		Yes	100% Covered, after deductible (Subject to Reference Based Pricing)	
<b>OTHER SERVICES</b>				
Chemotherapy/Radiation Therapy		Yes	100% Covered, after deductible (Subject to Reference Based Pricing)	
Chiropractic Care (Limited to 10 visits per plan year)		No	100% Covered, after deductible	100% Covered, after deductible
Colonoscopy (Diagnostic purposes)		Yes	100% Covered, after deductible (Subject to Reference Based Pricing)	
Dialysis		No	100% Covered, after deductible (Subject to Reference Based Pricing)	
Durable Medical Equipment (Subject to limitations)		No	100% Covered, after deductible	100% Covered, after deductible
Emergency Medical Transportation <sup>5</sup> (Subject to limitations)		No	Plan pays 80%, after deductible (Subject to Reference Based Pricing)	
Home Health Care (Limited to 120 visits per plan year)		Yes	100% Covered, after deductible	100% Covered, after deductible
Hospice Care		Yes	100% Covered, after deductible	100% Covered, after deductible
Rehabilitation/Habilitation Services (Physical, Speech, and Occupational; Combined limit of 25 visits per plan year. Pre-authorization is required after 6 visits)		Yes	100% Covered, after deductible	100% Covered, after deductible
Skilled Nursing Care (Limited to 120 days per plan year)		Yes	100% Covered, after deductible (Subject to Reference Based Pricing)	
Sleep Apnea (Limited to at-home testing and \$500 annual maximum benefit for machine and supplies)		Yes	100% Covered, after deductible	100% Covered, after deductible
Transplant - Facility		Yes	100% Covered, after deductible (Subject to Reference Based Pricing)	
Transplant - Physician and Anesthesiologist Charges during Inpatient Hospitalization		Yes		
Mental Health, Behavioral Health, or Substance Abuse Services	Inpatient or Partial Day	Yes	100% Covered, after deductible (Subject to Reference Based Pricing)	
	Outpatient	No	100% Covered, after deductible	100% Covered, after deductible
<b>VISION BENEFITS<sup>6</sup></b>				
In-Office Comprehensive Vision Exams		No	\$0 Copay	Up to \$35 benefit
Eyewear Allowance for frames or contacts		No	\$150 every two (2) years	
<b>PHARMACY BENEFITS</b>			<b>Retail<sup>8</sup> (30-day supply)</b>	<b>Mail Order (90-day supply)</b>
<b>Prescription Medications<sup>7</sup> (Subject to Formulary)</b>				
ACA Preventive Drugs			\$0 Copay	\$0 Copay
Generic Drugs (non-preventive)			\$5 Copay	\$10 Copay
Preferred Brand Drugs			Not Covered	
Non-Preferred Brand Drugs			Not Covered	
Specialty Drugs			Not Covered	
Automated Diabetic Supplies (Continuous glucose monitors (CGMs) and insulin pumps)			Plan pays 80% (60% if dispensed by non-participating pharmacy)	

<sup>1</sup> In addition to the copay or coinsurance listed, the member will be responsible for any billed charges in excess of reasonable and customary rates. Such charges will not apply toward the satisfaction of the plan's Out-of-Pocket Maximum

<sup>2</sup> If prior authorization is not obtained for services requiring a prior authorization, the benefits payable by the Plan for such services will be reduced to 50% of the allowed charges after the copay.

<sup>3</sup> The plan will only reimburse buy and bill drugs up to the lesser of the allowed amount or network rate or the amount that the Third-Party Administrator or Pharmacy Benefits Manager could source the drug for.

<sup>4</sup> Prior authorization is required for any service or procedure over \$1,000.

<sup>5</sup> If the Plan covers Emergency Room and/or Ambulance Services, those services will be covered if they are provided by an Out-of-Network provider and will be reimbursed at the In-Network level of benefits.

<sup>6</sup> Vision benefits are provided outside of the Group Health Plan through a service contract and are subject to provisions and limitations in the HBAVision<sup>SM</sup> Summary of Benefits.

<sup>7</sup> To be eligible for pharmacy benefits covered prescriptions must be dispensed through participating pharmacies and mail order channels.

<sup>8</sup> Retail copay for 90-day supply is 2x the retail copay for 30-day supply.

# Exclusions

The following exclusions apply to the benefits offered under this Plan:

1. Office visits, physical examinations, immunizations, and tests when required solely for the following:
  - a. Sports,
  - b. Camp,
  - c. Employment,
  - d. Travel,
  - e. Insurance,
  - f. Marriage,
  - g. Legal proceedings
2. Routine foot care for treatment of the following:
  - a. Flat feet,
  - b. Corns,
  - c. Bunions,
  - d. Calluses,
  - e. Toenails,
  - f. Fallen arches,
  - g. Weak feet,
  - h. Chronic foot strain
3. Dental Procedures
4. Any other medical service, treatment, or procedure not specifically listed in this Schedule of Benefits
5. Any other expense, bill, charge, or monetary obligation not covered under this Plan, including but not limited to all non-medical service expenses, bills, charges, and monetary obligations. Unless the medical service is explicitly provided by an appendix or otherwise explicitly provided in the Plan Document, this Plan does not cover the medical service or any related expense, bill, charge, or monetary obligation to the medical service
6. Claims unrelated to treatment of medical care or treatment
7. Cosmetic surgery unless authorized as medically necessary. Such authorization is based on the following causes for cosmetic surgery: accidental injury, correction or congenital deformity within six (6) years of birth, or as a treatment of a diseased condition
8. Any treatment with respect to treatment of teeth or periodontium, any treatment of periodontal or periapical disease involving teeth surrounding tissue, or structure. Exceptions to this exclusion include only malignant tumors or benefits specifically noted in the schedule of benefits or the Plan Document
9. Any claim related to an injury arising out of, or in the course of, any employment for wage or profit that would be covered by other coverage for which the member is eligible
10. Claims for which a participant is not legally required to pay or claims which would not have been made if this Plan had not existed
11. Claims for services which are not medically necessary as determined by this Plan or the excess of any claim above reasonable and customary rates when a PPO network has not been contracted
12. Charges which are or could be reimbursed by any public health program irrespective of whether such coverage has been elected by a participant
13. Claims due to an act of war, declared or undeclared, not including acts of terrorism
14. Claims for eyeglasses, contacts, hearing aids (or examinations for the fitting thereof) or radial keratotomy
15. Elective, voluntary abortions, except in the case of rape, incest, or congenital deformities of the fetus as determined through pre-natal testing, or when the life of the mother would be threatened if the fetus were carried to term
16. Travel, unless specifically provided in the schedule of benefits
17. Custodial care for primarily personal, not medical, needs provided by persons with no special medical training or skill
18. Claims from any provider other than a healthcare provider as defined in the Plan Document unless explicitly permitted in the schedule of benefits
19. Investigatory or experimental treatment, services, or supplies unless specifically covered under Approved Clinical Trials
20. Services or supplies which are primarily educational
21. Claims due to attempted suicide or intentionally self-inflicted injury while sane or insane, unless the claim results from a medical condition such as depression
22. Claims resulting from, or which arise due to the attempt or commission of, an illegal act. Claims by victims of domestic violence will not be subject to this exclusion
23. Claims with respect to any treatment or procedure to change one's physical anatomy to those of the opposite sex and any other treatment or study related to sex change
24. Claims from a medical service provider who is related by blood, marriage, or legal adoption to a participant
25. Any claims for fertility or infertility treatment
26. Claims for weight control, weight reduction, or surgical treatment for obesity or morbid obesity, unless explicitly provided in the schedule of benefits
27. Claims for disability resulting from reversal of sterilization
28. Claims for the completion of forms, or failure to keep scheduled appointments
29. Recreational or diversional therapy
30. Personal hygiene or convenience items, including but not limited to air conditioning, humidifiers, hot tubs, whirlpools, or exercise equipment, irrespective of the recommendations or prescriptions of a medical service provider
31. Claims for the care and/or treatment of an injury or illness resulting from engaging in a hazardous pursuit, hobby, or activity. A pursuit, hobby, or activity is hazardous if it is characterized by a constant threat of danger or by an increased risk of bodily harm. Examples of hazardous pursuits, hobbies or activities include, but are not limited to, adventure sports such as skydiving, hang gliding, rappelling, rock climbing, bungee jumping, parasailing, use of all-terrain vehicles, motorcycle, boat or automobile racing, skiing off-piste, snowboarding off-piste, and activities such as reckless operation of a vehicle or other machinery, and motorcycle riding without a helmet
32. Claims that arise primarily due to medical tourism
33. Supportive devices of the foot
34. Treatments for sexual dysfunction
35. Aquatic or massage therapy
36. Biofeedback training
37. Private duty nursing, or long-term care
38. Residential facility – for charges from a residential halfway house or home, or any facility which is not a health care institution licensed for the primary purpose of treatment of an illness or injury
39. Claims for temporomandibular joint syndrome
40. Claims for biotech or specialty drugs, including biologics and hemophilic drugs
41. Genetic testing unless explicitly covered in the schedule of benefits
42. Claims for cosmetic surgery, not related to mastectomy reconstruction to produce a symmetrical appearance or prosthesis, or physical complications which result from such procedures
43. Acupuncture
44. Alternative medicine/homeopathy
45. Pediatric dental and vision
46. Routine eye care (Adult)
47. All maternity coverage for dependent children, including adult children up to age 26, and all coverage for the resultant newborn child. However, ACA mandated Preventive Health Services are not excluded
48. Use of Emergency Room Services for non-emergency care
49. This coverage does not include benefits for grandchildren (unless they are under your legal guardianship)
50. Any claim arising from service received outside of the United States and its territories of American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands
51. Emerging gene and cell therapies
52. CAR-T therapies

The purpose of this list of exclusions is solely to provide additional clarity regarding treatments, procedures, products, services, or any other items which are not covered under this plan. Accordingly, no exclusion shall be interpreted by negative implication, or otherwise, as evidence of the existence of coverage under this plan.



# Preventive Health Services: Limitations, Intervals, and Requirements<sup>1</sup>

The following table represents the preventive services currently covered under this Plan as well as the permitted interval and any requirements of such preventive services. Benefits are automatically subject to 29 CFR § 2590.715 -2713(a). Amendments to this section through legislative act or regulation are automatically incorporated into this document by reference.

Preventive Health Services		
Covered Benefits		
<p>Preventive Services covered in this section are explained in more detail through the following official resources:</p> <ul style="list-style-type: none"> <li>• Medical services with a rating of “A” or “B” from the current recommendations of the United States Preventive Services Task Force. See <a href="https://www.uspreventiveservicestaskforce.org">https://www.uspreventiveservicestaskforce.org</a></li> <li>• Preventive care and screenings for infants, children, and adolescents provided for in the comprehensive guidelines supported by the Health Resources and Services Administration. Guidelines can be found in <a href="https://www.hrsa.gov">https://www.hrsa.gov</a></li> <li>• Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention for certain individuals only. See <a href="https://www.cdc.gov/vaccines/acip">https://www.cdc.gov/vaccines/acip</a></li> </ul>		
Benefit	Interval	Requirements
Abdominal Aortic Aneurysm Screening	1 per lifetime	By ultrasonography in <b>men</b> ages 65-75 years who have ever smoked.
Adult Annual Standard Physical	1 per plan year	<b>Adults</b> , one (1) physical preventive exam per plan year.
Alcohol Misuse: Unhealthy Alcohol Use Screening and Counseling	1 per plan year	Screenings for unhealthy alcohol use in <b>adults</b> 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.
Anxiety Disorders in Adults	1 per plan year	Screening for anxiety disorders in <b>adults</b> 64 years or younger, including pregnant and postpartum persons.
Anxiety in Children and Adolescents	1 per plan year	Screening for anxiety disorders in <b>children and adolescents</b> aged 8 to 18 years.
Aspirin: Preventive Medication	As prescribed	<b>Adults</b> ages 50 to 59 with high risk of cardiovascular diseases and for the primary prevention of cardiovascular disease and colorectal cancer. Low-dose aspirin (81 mg/d) as preventive medication for <b>women</b> after 12 weeks of gestation who are at high risk for preeclampsia.
Bacteriuria Screening	1 per plan year	Screening for asymptomatic bacteriuria with urine culture in <b>pregnant women</b> at 12 to 16 weeks' gestation or at the first prenatal visit, if later.
BRCA Risk Assessment and Genetic Counseling/Testing	1 per plan year	Screening to <b>women</b> who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes ( <i>BRCA 1</i> or <i>BRCA2</i> ). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.
Breast Cancer Preventive Medications	As prescribed	Risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors for <b>women</b> aged 35 years or older who are at increased risk for breast cancer and at low risk for adverse medication effects.
Breast Cancer Screening	Every 2 years	Coverage limited to one (1) biennial screening mammography (2D or 3D), with or without clinical breast examination (CBE), for <b>women</b> aged 40 to 74 years.
Breastfeeding Support, Supplies and Counseling	In Conjunction with each birth	Interventions during <b>pregnancy</b> and <b>after birth</b> to support breastfeeding. Costs for renting breastfeeding equipment will be covered in conjunction with each birth.
Cervical Cancer Screening: with Combination of Cytology and Human Papilloma Virus (HPV) testing	1 time every 5 plan years	<b>Women</b> age 30 to 65 years with high-risk papillomavirus (hrHPV) testing alone, or in combination with cytology.
Cervical Cancer Screening: with Cytology (Pap Smear)	1 time every 3 plan years	<b>Women</b> age 21 to 65 years with cervical cytology alone.
Chlamydia Screening	1 per plan year	Sexually active <b>women</b> age 24 and younger and in women 25 years or older who are at increased risk infection.
Colorectal Cancer Screening	1 time every 5 plan years	<b>All adults</b> aged 45 to 75 years.
Contraceptive Methods and Counseling	As prescribed	Food and Drug Administration (FDA) approved contraceptive methods, sterilization procedures, and patient education and counseling for <b>all women</b> with reproductive capacity, not including abortifacient drugs.
Dental Caries Prevention: Infants and Children Up to Age 5	1 per plan year	Application of fluoride varnish to the primary teeth of all <b>infants and children</b> starting at the age of primary tooth eruption and prescription of oral fluoride supplementation starting at age <b>6 months for children</b> whose water supply is fluoride deficient.
Depression and Suicide Risk Screening	1 per plan year	Screening for major depressive disorder (MDD) in <b>adolescents</b> aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up Screening for depression in the general <b>adult</b> population, including <b>pregnant and postpartum persons, as well as older adults</b> . Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. Pregnant and postpartum persons at increased risk of perinatal depression should be referred to counseling interventions.
Fall Prevention: Older Adults	1 per plan year	Exercise interventions to prevent falls in community-dwelling <b>adults</b> age 65 years and older who are at increased risk for falls.
Folic Acid Supplementation for the Prevention of Neural Tube Defects	As prescribed	Daily supplement containing 0.4 to 0.8 mg (400 to 800µg) of folic acid for all <b>women</b> planning or capable of pregnancy.
Gestational Diabetes Screening	1 per plan year	Asymptomatic <b>pregnant women</b> at 24 weeks of gestation or after.
Gonorrhea Screening	1 per plan year	Sexually active <b>women</b> age 24 years or younger and in women 25 years or older who are at increased risk for infection.
Healthy Diet and Physical Activity Counseling to Prevent Cardiovascular Disease	1 per plan year	<b>Adults</b> with cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthy diet and physical activity.
Healthy weight and weight gain in pregnancy	1 per plan year	<b>Pregnant persons</b> , effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy
Hemoglobinopathies Screening	1 per plan year	Screening for sickle cell disease in <b>newborns</b> .

<sup>1</sup> Preventive Health Services, excluding those for newborn care, are not covered if they are provided at a hospital.



## Preventive Health Services

Benefit	Interval	Requirements
Hepatitis B Virus Infection Screening	1 per plan year	<b>Adolescent and adults</b> at increased risk for infection. <b>Pregnant women</b> at their first prenatal visit.
Hepatitis C Virus (HCV) Infection Screening	1 per plan year	<b>Adults</b> aged 18 to 79 years.
High Blood Pressure Screening	1 per plan year	Screening for high blood pressure in <b>adults</b> aged 18 or older.
HIV Preexposure Prophylaxis for the Prevention of HIV Infection	As prescribed	<b>Persons</b> who are at high risk of HIV acquisition.
HIV Screening	1 per plan year	<b>Adolescents and adults</b> aged 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. <b>Pregnant persons</b> including those who present in labor, who are untested and whose HIV status is unknown.
Hypertension in Adults	1 per plan year	Screening for hypertension in <b>adults</b> 18 years or older with office blood pressure measurement (OBPM).
Hypertensive Disorders of Pregnancy	1 per plan year	Screening for hypertensive disorders in pregnant persons with blood pressure measurements throughout pregnancy.
Hypothyroidism Screening	1 per plan year	Screening for congenital hypothyroidism in <b>newborns</b> .
Intimate Partner Violence Screening	1 per plan year	Screening for intimate partner violence, in <b>women</b> of reproductive age and provide or refer women who screen positive to ongoing supporting services.
Latent Tuberculosis Infection Screening in Adults	1 per plan year	Screening for latent tuberculosis infection in populations at risk.
Lung Cancer Screening	1 per plan year	With low-dose computed tomography in <b>adults</b> aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.
Obesity screening and Counseling	1 per plan year	To <b>children and adolescents</b> 6 years and older with a high body mass index (BMI) ( $\geq$ 95 <sup>th</sup> percentile for age and sex) and offer them to comprehensive, intensive behavioral interventions to promote improvements in weight status. Clinicians should offer or refer <b>adults</b> with a body mass index (BMI) of 30 kg/m <sup>2</sup> or higher to intensive, multicomponent behavioral interventions to prevent obesity-related morbidity and mortality in adults.
Ocular Gonorrhea Prophylactic for Gonococcal Ophthalmia	As prescribed	Prophylactic ocular topical medication for all <b>newborns</b> to prevent gonococcal ophthalmia neonatorum.
Osteoporosis Screening	1 per plan year	In <b>women</b> aged 65 and older and in postmenopausal <b>women</b> younger than 65 years who are at increased risk of osteoporosis.
Phenylketonuria Screening	1 per plan year	Screening for phenylketonuria in <b>newborns</b> .
Prediabetes and Type 2 Diabetes Screening	1 per plan year	Screening for prediabetes and type 2 diabetes in <b>adults</b> aged 35 to 70 years who are overweight or obese. Clinicians should offer or refer patients with prediabetes to effective preventive interventions.
Preeclampsia Screening	1 per plan year	<b>Pregnant women</b> with blood pressure measurements throughout pregnancy.
RH Incompatibility Screening: 24–28 Weeks' Gestation	1 per plan year	Repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative <b>women</b> at 24 to 28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.
Rh Incompatibility Screening: First Pregnancy Visit	1 per plan year	Rh (D) blood typing and antibody testing for all <b>pregnant women</b> during their first visit for pregnancy-related care.
Sexually Transmitted Infections Counseling	1 per plan year	Intensive behavioral counseling for all sexually active <b>adolescents and for adults</b> who are at increased risk for sexually transmitted infections.
Skin Cancer Behavioral Counseling	1 per plan year	Counseling <b>young adults, adolescents, children, and parents of young children</b> about minimizing their exposure to ultraviolet radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk for skin cancer.
Statin Preventive Medication	As prescribed	<b>Adults</b> without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are aged 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a 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 ages 40 to 75 years.
Syphilis Screening	1 per plan year	Screening <b>asymptomatic, nonpregnant adolescent and adults</b> who are at increased risk for infection. <b>All pregnant women.</b>
Tobacco Use Counseling and Interventions	2 per plan year	Provide behavioral interventions for cessation to all <b>adults</b> who use tobacco, advise them to stop using tobacco, and provide behavioral interventions, U.S. Food and Drug Administration (FDA) approved pharmacotherapy for cessation to adults who use tobacco is covered. Provide behavioral interventions for cessation to all <b>pregnant persons</b> who use tobacco. Interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged <b>children and adolescents.</b>
Unhealthy Drug Use Screening	1 per plan year	Screening by asking questions about unhealthy drug use in <b>adults</b> 18 years or older. 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.)
Vision Screening	1 time every 2 plan years	All <b>children</b> aged 3 to 5 years to detect amblyopia or its risk factors.
Well-Woman Visits	1 per plan year	<b>Women</b> under 65 to obtain the recommended preventive services that are age and developmentally appropriate, including preconception care and many services necessary for prenatal care.
Well-Child Visits	1 per plan year	<b>Children</b> to obtain the recommended preventive services that are age and developmentally appropriate. (Covers 1 visit except as more frequently recommended for children under the age of 3 years.)

# Immunizations

Recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention for routine use in children, adolescents, or adults\*

Birth Through Six Years Old		
Abbreviations	Vaccines	Age Requirements and Limitations
RSV antibody	Respiratory syncytial virus	Ages birth - 7 months (Depends on mother's RSV vaccine status)
HepB	Hepatitis B	Ages birth - 2 months Ages 6 months - 18 months
DTaP	Diphtheria, Tetanus, and Pertussis	Ages 2 months - 6 months Ages 15 months - 18 months Ages 4 - 6 years
Hib	Haemophilus influenzae type b	Ages 2 months - 4 months (third dose at 6 months depends on the brand used for previous dose) Ages 12 months - 15 months
PCV13, PCV15	Pneumococcal	Ages 2 months - 6 months Ages 12 months - 15 months
IPV	Poliovirus	Ages 2 months - 18 months Ages 4 - 6 years
Flu	Influenza (yearly)	Ages 6 months - 6 years
MMR	Measles, mumps, and rubella	Ages 12 months - 15 months Ages 4 - 6 years
VAR	Varicella	Ages 12 months - 15 months Ages 4 - 6 years
HepA	Hepatitis A	Ages 12 months - 23 months (1st dose) Six months after the last dose (2nd dose)
RV	Rotavirus	Ages 2 months - 4 months (third dose at 6 months depends on the brand used for previous dose)
COVID-19	Coronavirus disease	Ages 6 months - 6 years
Children From Seven Through Eighteen Years Old		
Abbreviations	Vaccines	Age Requirements and Limitations
COVID-19	Coronavirus disease	Ages 7 - 18 years
Flu	Influenza (yearly)	Ages 7 - 18 years
Tdap	Tetanus, diphtheria, and pertussis	Ages 11 - 12 years
HPV	Human papillomavirus	Ages 11 - 12 years (2 shots series) Note: A 3-shot series of HPV vaccine is needed for those with weakened immune systems and those who start the series at 15 years or older
MenACWY	Meningococcal	Ages 11-12 years
MenACWY	Meningococcal Booster	Age 16 (recommended)
Dengue	Dengue vaccine	Ages 9-16 years who live in dengue endemic areas and have laboratory confirmation of previous dengue infection
Adults Nineteen Years or Older		
Abbreviations	Vaccines	Age Requirements and Limitations
COVID-19	Coronavirus disease	Ages 19 ≥ 65 years
Flu	Influenza	Ages 19 ≥ 65 years (1 dose annually)
Tdap or Td	Tetanus, diphtheria, and acellular pertussis	Ages 19 ≥ 65 years (1 dose Tdap every pregnancy. TD or Tdap booster every 10 years for all adults)
MMR	Measles, mumps, and rubella	Some adults: Ages 19 - 64 years - 1 or 2 doses depending on indication (if born in 1957 or later)
VAR	Varicella	Ages 19 - 37 years - 2 doses (if born in 1980 or later)
RZV	Zoster recombinant	Ages 50 ≥ 65 years - 2 doses
HPV	Human papillomavirus	Ages 19 - 26 years - 2 or 3 doses depending on age at initial vaccination
PCV15, PCV20, PPSV23	Pneumococcal conjugate (PCV15, PCV20) Pneumococcal polysaccharide	Ages ≥ 65 years
HepB	Hepatitis B	Ages 19-59 years (2, 3 or 4 doses depending on vaccine or condition)
RSV	Respiratory syncytial virus	If aged 75 years or older

\* Immunization illustrations listed herein are based upon CDC recommendations contained in the following schedules: (i) Recommended Child and Adolescent Immunization Schedule (available at: <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>), and (ii) Recommended Adult Immunization Schedule (available at: <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>). Additional immunization scenarios not included in the aforementioned illustrations (such as catch-up immunization recommendations, immunization recommendations for certain high-risk groups, and immunization recommendations subject to individual clinical decision-making) may also be covered under this Plan pursuant to CDC recommendation. Information concerning these additional covered immunization scenarios (including vaccine type, age requirements, and frequency) is available online under the CDC schedule links listed above. Paper copies of these CDC schedules can also be obtained free of charge by written request to the Plan Administrator.

