**SECTION VI**

**Preventive Care**

*{Drafting Note: Use for individual, small group, and large group coverage. See the large group checklist for mandated benefits. Omit references to “participating” or “non-participating” for coverage that does not have a provider network. Plans should insert “and when provided by a participating provider” for plans that provide out-of-network coverage. Plans providing stand-alone out-of-network only coverage issued with a network product may omit all language regarding preventive care benefits provided at no cost-sharing pursuant to the USPSTF and HRSA.}*

Please refer to the Schedule of Benefits section of this [Certificate; Contract; Policy] for Cost-Sharing requirements, day or visit limits, and any Preauthorization or Referral requirements that apply to these benefits.

*{Drafting Note: HMOs and gatekeeper EPO products may not impose preauthorization requirements on the member for in-network coverage.}*

**Preventive Care.**

We Coverthe following services for the purpose of promoting good health and early detection of disease. Preventive services [other than preventive care for chronic conditions described in Paragraph I below] are not subject to Cost-Sharing (Copayments, Deductibles or Coinsurance) when performed by a Participating Provider and provided in accordance with the comprehensive guidelines supported by the Health Resources and Services Administration (“HRSA”), or if the items or services have an “A” or “B” rating from the United States Preventive Services Task Force (“USPSTF”), or if the immunizations are recommended by the Advisory Committee on Immunization Practices (“ACIP”). However, Cost-Sharing may apply to services provided during the same visit as the preventive services. Also, if a preventive service is provided during an office visit wherein the preventive service is not the primary purpose of the visit, the Cost-Sharing amount that would otherwise apply to the office visit will still apply.

*{Drafting Note: Include the bracketed phrase “other than preventive care for chronic conditions” when also including Paragraph I below for high deductible health plans.}*

You may contact Us at [XXX; the number on Your ID card] or visit Our website [at XXX] for a copy of the comprehensive guidelines supported by HRSA, items or services with an “A” or “B” rating from USPSTF, and immunizations recommended by ACIP.

**A. Well-Baby and Well-Child Care.** We Cover well-baby and well-child care which consists of routine physical examinations including vision screenings and hearing screenings, developmental assessment, anticipatory guidance, and laboratory tests ordered at the time of the visit as recommended by the American Academy of Pediatrics. We also Cover preventive care and screenings as provided for in the comprehensive guidelines supported by HRSA and items or services with an “A” or “B” rating from USPSTF. If the schedule of well-child visits referenced above permits one (1) well-child visit per [calendar year; Plan Year], We will not deny a well-child visit if 365 days have not passed since the previous well-child visit. Immunizations and boosters as recommended by ACIP are also Covered. This benefit is provided to Members from birth through attainment of age 19 and is not subject to Cost-Sharing [when provided by a Participating Provider].

**B. Adult Annual Physical Examinations.** We Cover adult annual physical examinations and preventive care and screenings as provided for in the comprehensive guidelines supported by HRSA and items or services with an “A” or “B” rating from USPSTF.

Examples of items or services with an “A” or “B” rating from USPSTF include, but are not limited to, blood pressure screening for adults, lung cancer screening, colorectal cancer screening, alcohol misuse screening, depression screening, and diabetes screening. A complete list of the Covered preventive Services is available on Our website [at XXX] or will be mailed to You upon request.

You are eligible for a physical examination once every [calendar year; Plan Year], regardless of whether or not 365 days have passed since the previous physical examination visit. Vision screenings do not include refractions.

This benefit is not subject to Cost-Sharing when provided in accordance with the comprehensive guidelines supported by HRSA and items or services with an “A” or “B” rating from USPSTF [and when provided by a Participating Provider].

**C. Adult Immunizations.** We Cover adult immunizations as recommended by ACIP. This benefit is not subject to Cost-Sharing when provided in accordance with the recommendations of ACIP [and when provided by a Participating Provider].

**D. Well-Woman Examinations.** We Cover well-woman examinations which consist of a routine gynecological examination, breast examination and annual screening for cervical cancer, including laboratory and diagnostic services in connection with evaluating cervical cancer screening tests. We also Cover preventive care and screenings as provided for in the comprehensive guidelines supported by HRSA and items or services with an “A” or “B” rating from USPSTF. A complete list of the Covered preventive Services is available on Our website [at XXX] or will be mailed to You upon request. This benefit is not subject to Cost-Sharing when provided in accordance with the comprehensive guidelines supported by HRSA and items or services with an “A” or “B” rating from USPSTF, which may be less frequent than described above[, and when provided by a Participating Provider].

**E. Mammograms, Screening and Diagnostic Imaging for the Detection of Breast Cancer.** We Cover mammograms, which may be provided by breast tomosynthesis (i.e., 3D mammograms), for the screening of breast cancer as

follows:

* One (1) baseline screening mammogram for Members age 35 through 39;
* [Upon the recommendation of the Member’s Provider, an annual screening mammogram for Members age 35 through 39 if Medically Necessary;] and
* One (1) screening mammogram annually for Members age 40 and over.

*{Drafting Note: Large group coverage must include the bracketed language above.}*

If a Member of any age has a history of breast cancer or a first degree relative has a history of breast cancer, We Cover mammograms as recommended by the Member’s Provider. However, in no event will more than one (1) preventive screening per Plan Year be Covered.

Mammograms for the screening of breast cancer are not subject to Cost-Sharing [when provided by a Participating Provider].

We also Cover additional screening and diagnostic imaging for the detection of breast cancer, including diagnostic mammograms, breast ultrasounds and MRIs. Screening and diagnostic imaging for the detection of breast cancer, including diagnostic mammograms, breast ultrasounds and MRIs are not subject to Cost-Sharing [when provided by a Participating Provider].

**F. Family Planning and Reproductive Health Services.** [We Cover family planning services which consist of: FDA-approved contraceptive methods prescribed by a Provider not otherwise Covered under the Prescription Drug Coverage section of this [Certificate; Contract; Policy]; patient education and counseling on use of contraceptives and related topics; follow-up services related to contraceptive methods, including management of side effects, counseling for continued adherence, and device insertion and removal; and sterilization procedures for women. Such services are not subject to Cost-Sharing [when provided by a Participating Provider].

We also Cover vasectomies [subject to Cost-Sharing].

[We do not Cover services related to the reversal of elective sterilizations.]]

*{Drafting Note: The family planning and reproductive health services language above should be included in the base certificate; contract; policy, except for group plans issued to “religious employers” defined in Sections 3221(l)(16)(A)(1) and 4303(cc)(1)(A) of the New York Insurance Law that opt out of providing such coverage. The coverage should be offered by rider for the employees of religious employers to purchase directly from the insurer. Insert the paragraph below for groups that meet the definition of a religious employer that have opted out of providing such coverage. If this paragraph of the model language is used for large group plans, coverage for vasectomies may be removed. The cost-sharing language for vasectomies must be included for the standard NYSOH plan, but may be removed for non-standard NYSOH plans, plans offered outside NYSOH and large group coverage. The limit regarding the reversal of elective sterilizations may be revised or removed for non-standard NYSOH plans, plans offered outside NYSOH and large group coverage.}*

[Family planning and reproductive health services, such as contraceptive drugs and devices and sterilization procedures, are not Covered under the [Certificate; Contract; Policy]. You may purchase coverage for these services directly from Us.]

*{Drafting Note: Large group coverage that does not cover prescription drugs may remove the references to prescription drugs and devices in paragraph G below. Individual and small group coverage, and large group coverage with prescription drugs, must include all references to prescription drugs and devices.}*

**G.** **Bone Mineral Density Measurements or Testing.** We Cover bone mineral

density measurements or tests[, and Prescription Drugs and devices approved by the FDA or generic equivalents as approved substitutes. Coverage of Prescription Drugs is subject to the Prescription Drug Coverage section of this [Certificate; Contract; Policy]]. Bone mineral density measurements or tests[, drugs or devices] shall include those covered under the federal Medicare program or those in accordance with the criteria of the National Institutes of Health. You will qualify for Coverage if You meet the criteria under the federal Medicare program or the criteria of the National Institutes of Health or if You meet any of the following:

* Previously diagnosed as having osteoporosis or having a family history of osteoporosis;
* With symptoms or conditions indicative of the presence or significant risk of osteoporosis;
* On a prescribed drug regimen posing a significant risk of osteoporosis;
* With lifestyle factors to a degree as posing a significant risk of osteoporosis; or
* With such age, gender, and/or other physiological characteristics which pose a significant risk for osteoporosis.

We also Cover osteoporosis screening as provided for in the comprehensive guidelines supported by HRSA and items or services with an “A” or “B” rating from USPSTF.

This benefit is not subject to Cost-Sharing when provided [by a Participating Provider and] in accordance with the comprehensive guidelines supported by HRSA and items or services with an “A” or “B” rating from USPSTF, which may not include all of the above services[ such as drugs and devices].

**H. Prostate Cancer Screening.** We Cover an annual standard diagnostic examination including, but not limited to, a digital rectal examination and a prostate specific antigen test [for men age 50 and over who are asymptomatic and for men age 40 and over with a family history of prostate cancer or other prostate cancer risk factors]. We also Cover standard diagnostic testing including, but not limited to, a digital rectal examination and a prostate-specific antigen test, at any age for men having a prior history of prostate cancer.

*{Drafting Note: Plans may omit the age requirements for non-standard NYSOH plans and plans offered outside the NYSOH.}*

This benefit is not subject to Cost-Sharing [when provided by a Participating Provider].

**I. Colon Cancer Screening.** We Cover colon cancer screening for Members age 45 through 75, including all colon cancer examinations or laboratory tests in accordance with the USPSTF [and any additional screenings recommended by the American Cancer Society Guidelines] for average risk individuals. This benefit includes an initial colonoscopy or other medical test for colon cancer screening and a follow-up colonoscopy performed because of a positive result from a non-colonoscopy preventive screening test.

This benefit is not subject to Cost-Sharing when provided in accordance with the recommendations of the USPSTF [and when provided by a Participating Provider] [but may be subject to Cost-Sharing for additional screenings provided in accordance with the American Cancer Society Guidelines].

*{Drafting Note: Include the bracketed language regarding the American Cancer Society Guidelines for large group coverage.}*

*{Drafting Note: High deductible health plans that cover certain chronic care before the deductible may insert the paragraph below.}*

**[I. Preventive Care for Chronic Conditions.** We Cover the following items and services before You meet the Deductible under a high deductible health plan [when provided by a Participating Provider], for Members diagnosed with one of the chronic conditions listed below. However, Copayments and/or Coinsurance listed in the Schedule of Benefits section of this [Certificate; Contract; Policy] will continue to apply to these items or services.

* [Angiotensin Converting Enzyme (ACE) inhibitors for congestive heart failure, diabetes, and/or coronary artery disease;]
* [Beta-blockers for congestive heart failure and/or coronary artery disease;]
* [Low-density lipoprotein (LDL) testing for heart disease;]
* [Statins for heart disease and/or diabetes;]
* [Glucometer for diabetes;]
* [Hemoglobin A1c testing for diabetes;]
* [Insulin and other glucose lowering agents for diabetes;]
* [Retinopathy screening for diabetes;]
* [Blood pressure monitor for hypertension;]
* [Inhaled corticosteroids for asthma;]
* [Peak flow meter for asthma;]
* [International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders;]
* [Anti-resorptive therapy for osteoporosis and/or osteopenia;]
* [Selective Serotonin Reuptake Inhibitors (SSRIs) for depression].]