



Benefits⁺
Your Trusted Health Care Partner

Preventive Care Guidelines

Indemnity PPO Medical Plan (Active Participants)

United Food & Commercial Workers Unions and Food Employers Benefit Fund



These guidelines list the preventive care services covered under the Indemnity PPO Medical Plan. *They do not apply to anyone enrolled in an HMO. If you are in an HMO, contact your HMO for information about your preventive care benefits.*

These guidelines reflect Affordable Care Act (“health care reform”) requirements in effect as of April 1, 2018. The Benefit Fund’s Board of Trustees used the recommendations of the U.S. Preventive Services Taskforce and the American Academy of Family Physicians to establish the Indemnity PPO Medical Plan’s coverage for preventive care.

This is merely a summary of your preventive service benefits under the Plan. Where a conflict exists between this document and the Plan terms, the Plan shall control. The Plan reserves the right to amend, modify or terminate coverage at any time.

Understanding your Indemnity PPO Medical Plan Benefits for Preventive Care

The Indemnity PPO Medical Plan pays 100% of the cost, with no deductible, for many routine preventive care services that you and your covered dependents receive from PPO network providers. Generally, the Plan pays 50% of covered charges, after your Annual Deductible, for preventive care services received from non-PPO providers.

Under the My Health/My Choices Incentive Program, Participants and their spouses or domestic partners can earn Health Reimbursement Account (HRA) contributions for getting some of the preventive services listed in these guidelines, identified by this symbol:





Dependent children cannot earn HRA contributions.


Only the routine preventive care services, screenings, and exams described on the following pages are covered at 100% when a PPO provider performs them. If your doctor believes you or your covered dependent is at high risk for a certain disease or condition, your doctor will determine how often screenings are needed. Additional screenings beyond the frequency shown in these guidelines are not covered at 100%. However, benefits for additional, medically necessary screenings are usually the same as they are for other covered medical services: After you pay your Annual Deductible, the Plan pays its Coinsurance (75% or 80%) and you pay your Coinsurance (25% or 20%) of covered charges.

- ▶ If a covered preventive service is billed **separately** from an office visit or if the main purpose of the visit is for something other than preventive care, the office visit is subject to the Plan’s Annual Deductible and Coinsurance.
- ▶ If the office visit is primarily for preventive care, the office visit is usually payable at 100%.


Adult Preventive Care

Preventive Care	Frequency, Based on Age							
	18 – 25	26 – 34	35 – 39	40 – 44	45 – 49	50 – 59	60 – 64	65+
Routine physical exam 	Annually							
Routine immunizations <ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (Td, Tdap) 	One dose, then every 10 years; booster dose may be needed for wound management, or in pregnancy during the late 2nd trimester or the 3rd trimester							
<ul style="list-style-type: none"> Hepatitis A 	Covered							
<ul style="list-style-type: none"> Hepatitis B 	Covered							
<ul style="list-style-type: none"> Herpes Zoster (shingles) 	Not covered						Covered	
<ul style="list-style-type: none"> Human papillomavirus (HPV) (<i>men</i>) 	Covered through age 21 (or through age 26, if sexually active with a same-sex partner who is immunocompromised)	Not covered						
<ul style="list-style-type: none"> Human papillomavirus (HPV) (<i>women</i>) 	Covered through age 26	Not covered						
<ul style="list-style-type: none"> Influenza (flu A) 	Covered annually							Covered annually—either the standard-dose TIV or the high-dose TIV vaccine (Fluzone High-Dose)
<ul style="list-style-type: none"> Haemophilus influenzae type b 	Covered							




Adult Preventive Care

Preventive Care	Frequency, Based on Age							
	18 – 25	26 – 34	35 – 39	40 – 44	45 – 49	50 – 59	60 – 64	65+
<ul style="list-style-type: none"> Measles, Mumps, Rubella (MMR) (or Measles, Mumps, Rubella and Varicella) 	Covered only for individuals born in 1957 or later, people in high-risk groups (e.g., healthcare workers, college students, international travelers), and women of childbearing age who do not have evidence of rubella immunity						Not covered	
<ul style="list-style-type: none"> Meningococcal 	Covered only for individuals without spleens or with damaged spleens; individuals who travel to countries where bacterial meningitis is active; microbiologists; and first-year college students through age 21 who live in residence halls							
<ul style="list-style-type: none"> Pneumococcal (pneumonia) 	Covered only for individuals who have chronic illness or risk factors							Covered
<ul style="list-style-type: none"> Varicella (chickenpox) 	Covered							
Alcohol misuse screening and counseling	2 counseling sessions per calendar year during routine physical exam or primary care physician office visit							
Screening for potentially harmful BRCA mutations (women only)	Every 3 years							
BRCA genetic counseling and BRCA testing (women only)	Genetic counseling if indicated after BRCA screening results. BRCA testing if indicated after counseling.							
Breast cancer chemoprevention	1 counseling session every 3 years during a routine physical exam or a primary care physician office visit. Fund will also cover risk reducing medications such as tamoxifene or raloxifene for women at increased risk of breast cancer.							
Mammogram (women only) 	Not covered			1 every 1 – 2 years with or without a clinical breast exam. Additional exams may be needed, depending on individual risk (including family history) and based on your doctor’s recommendations				
Chlamydia screening	Annually for sexually active women age 24 or younger. For women age 25 and older, annually if at high risk.							
Screening and Counseling for interpersonal and domestic violence (women only).	Covered as part of a well woman visit							


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Preventive Care	Frequency, Based on Age							
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Colorectal cancer screening (fecal occult blood test)	Not covered			Annually				
Colorectal cancer screening (sigmoidoscopy or screening colonoscopy)	Not covered			1 every 5 years (including removal of polyps during screening and pathology exam, as well as medically appropriate pre-procedure specialist consult, prescribed bowel preparation medications, and anesthesia)				
 Counseling for aspirin use to prevent cardiovascular disease	Annually, during routine physical exam or primary care physician office visit							
Depression screening	1 screening per calendar year during routine physical exam or primary care physician office visit. In addition, for pregnant women, 1 screening during routine prenatal physician visit and 1 screening during routine postpartum physician visit.							
Diabetes screening (Type 2)	Not covered			Screening for adults ages 40-70 who are overweight or obese, as well as offering or referring patients with abnormal blood glucose to intensive behavioral counseling interventions to promote healthful diet and physical activity				
Diet counseling	Maximum of 1 cycle (up to 4 visits) of dietary counseling sessions per calendar year if provided by a licensed nutritionist or dietician and recommended by a doctor based on patient's risk factors							
Gonorrhea screening	Annually for sexually active women age 24 or younger. For women age 25 and older, annually if at high risk.							
Hearing screening	Not covered						Annually, with routine physical exam	
HIV screening	Maximum of 2 screenings per calendar year for adults to age 65 and adults over age 65 at increased risk							
Hypertension (blood pressure) screening	Annually, with routine physical exam (not payable separately)							
Lipoprotein panel (cholesterol) screening	Not covered			Covered for adults aged 40 to 75 years. (Fund covers maximum of one screening every 5 years)				
Obesity screening/counseling	Screening covered for all adults. For adults who are overweight or obese (BMI of 30 kg/m ² or higher), intensive behavioral counseling (up to 26 sessions per year) to promote sustained weight loss, a healthy diet and physical activity.							

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Preventive Care	Frequency, Based on Age							
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Osteoporosis screening <i>(women only)</i>	Every 2 years (if at increased risk of fracture)							Every 2 years
Pap smear with pelvic exam (cervical cancer screening) <i>(women only)</i> 	Ages 21 to 29 with pap smear every three years. Ages 30 - 65, screening with pap smear alone every three years, or screening with pap smear and human papillomavirus (HPV) testing every five years. Not covered over age 65.							
Prostate cancer screening/ digital rectal exam <i>(men only)</i> 	Annually							
Sexually transmitted infection (STI) prevention counseling	Intensive behavioral counseling for adults who are at increased risk for sexually transmitted infections.							
Syphilis screening for adults at higher risk	Maximum of 1 screening per calendar year							
Tobacco use screening and tobacco cessation intervention 	Maximum of 2 cessation interventions (each intervention includes up to 4 counseling sessions) per calendar year. For men and non-pregnant women, FDA-approved pharmacotherapy for tobacco cessation is also covered. We strongly encourage you to contact the EMAP vendor to receive concurrent counseling to ensure your success.							
Tuberculosis screening for adults at increased risk	Maximum of 1 screening per calendar year							
Vision screening	Not covered						Maximum of 1 screening per calendar year	
Abdominal aortic aneurysm screening <i>(men only)</i>	Not covered							A one-time screening for current or former smokers age 65 – 75

Adult Preventive Care

Preventive Care	Frequency, Based on Age							
	18 – 25	26 – 34	35 – 39	40 – 44	45 – 49	50 – 59	60 – 64	65+
Contraceptive education and counseling, sterilization procedures (women only)	Maximum of 1 counseling session per calendar year plus FDA-Approved contraceptive methods, follow up, management of side effects and counseling for continued adherence and device removal. Sterilization procedures are also covered.							
Exercise or physical therapy to prevent falls	Not covered							For adults in community dwellings at risk for falls.
Hepatitis C Screening	Maximum of 1 screening per calendar year (plus one-time screening for HCV infection for adults born between 1945 and 1965)							
Lung cancer screening	Not covered					Annual screening for adults ages 55-80 years who have a history of smoking and currently smoke, or have quit within the past 15 years		
Hepatitis B screening	Maximum of 1 screening per calendar year for high risk adults							
Skin cancer counseling	Counseling for individuals age 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.	Not covered						
Health screening 	Once per year at a network pharmacy, lab or physician's office during an annual physical exam (A health screening is a series of blood tests and physical measurements that identify potential health risk factors related to chronic illness like diabetes and heart disease.)							

Additional Adult Preventive Care Guidelines for Pregnant Women

Preventive Care	What is Covered?
Preeclampsia screening	Blood pressure measurements covered throughout pregnancy
Bacteriuria (presence of bacteria in urine) urinary tract or other infection screening	1 per pregnancy if coded as “preventive care”
Breastfeeding interventions to support and promote breastfeeding	Lactation support and counseling during pregnancy and for the duration of breastfeeding. Rental or purchase of standard breastfeeding equipment is also covered in conjunction with each birth to the extent deemed medically reasonable (one per pregnancy).
Gestational diabetes screening in pregnant women with no symptoms	1 screening between 24 and 28 weeks’ gestation and at the first prenatal visit for pregnant women identified to be at risk for diabetes.
Chlamydia infection screening	1 per pregnancy
Folic acid supplement counseling	Coverage is provided for counseling. In addition, folic acid supplements covered at 100% if a prescription from a physician is received.
Gonorrhea screening	2 per pregnancy
Hepatitis B screening	1 per pregnancy
Rh incompatibility screening	Maximum of 2 screenings per pregnancy: <ul style="list-style-type: none"> • 1 at first prenatal visit; • 1 at 24 - 28 weeks of gestation
Syphilis screening	1 per pregnancy
HIV screening	Covered for all pregnant women including those who present in labor who are untested and whose HIV status is unknown.

Preventive Care Guidelines during Infancy, Early Childhood, Middle Childhood and Adolescence

The Fund covers preventive care services described in the USPSTF (A and B recommendations) and Bright Futures/American Academy of Pediatrics guidelines. Contact the Trust Fund Office with questions.

Well baby and well child visits from newborn to age 21. Visits may include the following age-appropriate screenings and behavioral assessments:

- ▶ Medical history
- ▶ Newborn metabolic/hemoglobin screening and medication provided during hospital confinement for birth including congenital hypothyroidism screening, newborn bilirubin screening, sickle cell screenings, hearing screening, phenylketonuria (PKU) screening, gonorrhea preventive medication for the eyes and medication provided during hospital confinement for birth
- ▶ Newborn genetic disorder screening tests
- ▶ Length/height and weight (and body mass index measurements) from birth to 17 years
- ▶ Obesity screening in children age 6 and older and intensive behavioral interventions to promote weight improvement
- ▶ Blood pressure screening
- ▶ Vision screening
- ▶ Hearing screening
- ▶ Developmental screening for children under age 3 and surveillance throughout childhood
- ▶ Depression screening beginning at age 11 (1 screening/calendar during a routine physical exam or primary care physician visit)
- ▶ Autism screening for children at 18 and 24 months
- ▶ Critical congenital heart defect screening in newborns
- ▶ Psychosocial/behavioral assessment up to age 21
- ▶ Alcohol and drug misuse assessment
- ▶ Interventions including education or brief counseling to prevent initiation of tobacco use in school-aged children and adolescents (1 counseling session/calendar year during a routine physical exam or a primary care physician office visit)
- ▶ Hematocrit or hemoglobin (anemia) screening
- ▶ Lead screening
- ▶ Tuberculin test
- ▶ Dyslipidemia screening
- ▶ HIV screening in non-pregnant adolescents age 15 or older and adolescents younger than age 15 who are at increased risk (maximum of 2 screenings/calendar year)
- ▶ Sexually Transmitted Infection (STI) screening and counseling for sexually active adolescents (including syphilis and HIV screening). Includes one counseling session/calendar year during a routine physical exam or a primary care office visit
- ▶ Cervical dysplasia screening for sexually active females
- ▶ Oral Health risk assessment
- ▶ Dental caries prevention for infants and children up to age 5 years; application of fluoride varnish (by Physician) to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices to prevent dental caries. Fluoride supplementation age 6 months to 6 years, if needed
- ▶ Hepatitis B screening in non-pregnant adolescents at high risk of infection
- ▶ Skin Cancer counseling for children, adolescents, and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer. (1 counseling session/calendar year during a routine physical exam or a primary care physician office visit)

Child and Adolescent Preventive Care Guidelines—Immunizations

Immunizations
Child and Adolescent Schedule (doses, recommended ages, and recommended populations vary; go to cdc.gov/vaccines/schedules for current vaccination schedules)
Tdap (Tetanus-Diphtheria-Pertussis)
Hepatitis A
Hepatitis B
Haemophilus influenzae type B (Hib)
Human papillomavirus (HPV)
Inactivated Poliovirus
Influenza (flu)
Measles, Mumps, Rubella (MMR)
Meningococcal
Pneumococcal (polysaccharide)
Rotavirus
Varicella (chickenpox)

The following preventive care drugs (prescription or over-the-counter) purchased at an In-Network Pharmacy are covered at 100% if a prescription from your Physician is received. Quantity limits apply.

Prescription or Over-the-Counter (OTC) Drug	What is Covered?
Aspirin	Generic OTC aspirin (1 bottle of 100 tablets every 3 months) for high-risk adults 50 to 59 years of age. Also, low dose OTC aspirin for women after 12 weeks of gestation who are at high risk for preeclampsia is also covered.
Folic acid supplementation	Generic OTC folic acid supplements for women who are planning or capable of pregnancy
FDA Approved Generic Contraceptive drugs or devices for women (such as birth control pills, spermicidal products and sponges)	Prescription and OTC FDA-approved contraceptives for women (subject to quantity limits). Unless medically inappropriate, only generic drugs are covered.
Fluoride supplements	Generic OTC fluoride supplements for ages 6 months to 6 years
Vitamin D supplements	OTC supplements for community dwelling participants over age 65 who are at increased risk for falls
Preparation products for colon cancer screening test	Colon cancer screening prep products are available at no charge with a prescription
Colon-guard kits	Available at no charge with a prescription
Tobacco cessation products	All FDA-approved generic tobacco cessation medications (including both prescription and over-the-counter medications) for two 90-day treatment regimens annually. We strongly encourage you to contact the EMAP vendor to receive concurrent counseling to ensure your success.
Breast Cancer preventive medications (e.g., Tamoxifene or Raloxifene)	For women at increased risk for breast cancer and at low risk for adverse medication effects.
Generic statin preventative medication (brand only if generic is medically inappropriate)	Adults ages 40-75 years with: No history of cardiovascular disease (CVD), 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater.

Esta publicación contiene información importante acerca de sus beneficios. Si usted tiene dificultad para comprender cualquier parte de esta información, o si tiene preguntas, comuníquese con su Sindicato Local o con la Oficina del Fondo al 714-220-2297, 562-408-2715, o 877-284-2320.

If you have questions or need more information, go to [scufcw.com](https://www.scufcw.com), call the Fund Office at 714-220-2297, 562-408-2715, or 877-284-2320 (extension 424 for all numbers); or contact your Union Local. Fund Office representatives are available Monday – Friday, 8:00 a.m. to 5:00 p.m., Pacific Time.

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DS PM BK07 1118