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Your Trusted Health Care Partner

United Food & Commercial Workers Unions and Food Employers Benefit Fund

# Preventive Care Guidelines

Active Indemnity PPO Medical Plan

Effective April 1, 2022





**These guidelines list the preventive care services covered under the Indemnity PPO Medical Plan (the “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, 2022. The Benefit Fund’s Board of Trustees used the recommendations of the United States Preventive Services Task Force (USPSTF), the Health Resources and Services Administration (HRSA), and the Centers for Disease Control and Prevention (CDC) 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+
<b>Routine physical exam</b> 	Annually							
<b>Routine immunizations</b> <ul style="list-style-type: none"> <li>COVID-19</li> </ul>	COVID-19 vaccines and their administration are covered. If a third party (e.g., the federal government) pays for the vaccine, the Plan will cover the administration of the vaccine. During the COVID-19 public health emergency, this coverage will be provided, even if you use a Non-PPO provider. After the public health emergency, however, coverage will only be provided if you use a PPO provider							
<ul style="list-style-type: none"> <li>Diphtheria, tetanus, pertussis (Td, Tdap)</li> </ul>	One dose, then a booster every 10 years. Another booster dose may be needed for wound management or in pregnancy during the early part of the 3rd trimester							
<ul style="list-style-type: none"> <li>Hepatitis A</li> </ul>	Covered							
<ul style="list-style-type: none"> <li>Hepatitis B</li> </ul>	Covered							
<ul style="list-style-type: none"> <li>Herpes Zoster (shingles)</li> </ul>	Not covered					Covered		
<ul style="list-style-type: none"> <li>Human papillomavirus (HPV) (men)</li> </ul>	Covered through age 26				Not covered			
<ul style="list-style-type: none"> <li>Human papillomavirus (HPV) (women)</li> </ul>	Covered through age 26				Not Covered			
<ul style="list-style-type: none"> <li>Influenza (flu) a</li> </ul> 	Covered annually							
<ul style="list-style-type: none"> <li>Haemophilus influenzae type b</li> </ul>	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"> <li>Measles, Mumps, Rubella (MMR) (or Measles, Mumps, Rubella and Varicella)</li> </ul>	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"> <li>Meningococcal</li> </ul>	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"> <li>Pneumococcal (pneumonia)</li> </ul>	Covered only for individuals who have certain underlying medical conditions or other risk factors such as alcoholism or cigarette smoking							Covered
<ul style="list-style-type: none"> <li>Varicella (chickenpox)</li> </ul>	Covered for individuals who do not have evidence of varicella immunity							
<b>Anxiety Screening (women only)</b>	Covered							
<b>Unhealthy alcohol use screening and counseling</b>	Screening and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse. 2 counseling sessions per calendar year during routine physical exam or primary care physician office visit							
<b>Unhealthy drug use screening</b>	Covered as part of a primary care physician office visit. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens)							
<b>Screening for potentially harmful BRCA mutations (women only)</b>	Every 3 years							
<b>BRCA genetic counseling and BRCA testing (women only)</b>	Genetic counseling if indicated after BRCA screening results. BRCA testing if indicated after counseling							
<b>Breast cancer chemoprevention</b>	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 tamoxifen, raloxifene, or aromatase inhibitors for women at increased risk of breast cancer and at low risk for adverse medication effects							
<b>Mammogram (women only)</b> 	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				
<b>Chlamydia screening (women only)</b>	Annually for sexually active women age 24 or younger. For women age 25 and older, annually if at high risk							
<b>Screening and Counseling for interpersonal and domestic violence (women only).</b>	Covered as part of a well woman visit							

## Adult Preventive Care

Preventive Care	Frequency, Based on Age							
	18 – 25	26 – 34	35 – 39	40 – 44	45 – 49	50 – 59	60 – 64	65+
Colorectal cancer screening (stool-based test)			Not covered			Annually for all adults aged 50-75 (including an at-home colon cancer screening kit, e.g., Cologuard)		
Colorectal cancer screening (sigmoidoscopy or screening colonoscopy)			Not covered			1 every 5 years for all adults aged 50-75 (including removal of polyps during screening and pathology exam, 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)						Screening for adults ages 40-70 who are overweight or obese, or after pregnancy for women of any age with a history of gestational diabetes, as well as offering or referring patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity		
Diet counseling (healthy diet and physical activity behavioral counseling)						Maximum of 1 cycle (up to 4 visits) of healthy diet and physical activity counseling sessions per calendar year if provided by a licensed nutritionist or dietician and recommended by a doctor for adults with cardiovascular disease 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, prevention, and counseling (including pre-exposure prophylaxis (PrEP) with effective antiretroviral therapy)						Maximum of 2 screenings per calendar year for adults to age 65 and adults over age 65 at increased risk. Provide behavioral counseling to adults at increased risk to prevent infection. Pre-exposure prophylaxis (PrEP) with effective antiretroviral therapy to persons with high risk of HIV acquisition, including related monitoring and support services as recommended by the individual's health care provider		
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)

## Adult Preventive Care

Preventive Care	Frequency, Based on Age							
	18 – 25	26 – 34	35 – 39	40 – 44	45 – 49	50 – 59	60 – 64	65+
<b>Obesity screening/counseling</b>	Screening covered for all adults. For adults with a BMI of 30 kg/m <sup>2</sup> or higher, up to 26 counseling sessions per year to promote sustained weight loss, a healthy diet, and physical activity							
<b>Osteoporosis screening (women only)</b>	Every 2 years for postmenopausal women who are at increased risk of osteoporosis							Every 2 years
<b>Pap smear with pelvic exam (cervical cancer screening) (women only)</b> 	Ages 21 to 29 with pap smear every three years.	Ages 30-65, screening with pap smear alone every three years, screening with human papillomavirus (HPV) testing alone every five years, or screening with both pap smear and human papillomavirus (HPV) testing every five years					Not Covered	
<b>Prostate cancer screening/digital rectal exam (men only)</b> 	Annually							
<b>Sexually transmitted infection (STI) prevention: behavioral counseling</b>	Behavioral counseling for adults who are at increased risk for sexually transmitted infections							
<b>Syphilis screening for adults at higher risk</b>	Maximum of 1 screening per calendar year							
<b>Tobacco use screening and tobacco cessation intervention</b> 	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							
<b>Tuberculosis screening for adults at increased risk</b>	Maximum of 1 screening per calendar year							
<b>Vision screening</b>	Not covered						Maximum of 1 screening per calendar year	

## Adult Preventive Care

Preventive Care	Frequency, Based on Age							
	18 – 25	26 – 34	35 – 39	40 – 44	45 – 49	50 – 59	60 – 64	65+
Abdominal aortic aneurysm screening ( <i>men only</i> )	Not covered							A one-time screening for current or former smokers age 65-75
Contraceptive education and counseling, sterilization procedures ( <i>women only</i> )	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	Screening for hepatitis C virus (HCV) infection for all asymptomatic adults (including pregnant women) ages 18-79 without known liver disease. Most adults will only require a one-time screening							
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 asymptomatic, non-pregnant adults at increased risk for infection regardless of vaccination status							

## Adult Preventive Care

Preventive Care	Frequency, Based on Age							
	18 – 25	26 – 34	35 – 39	40 – 44	45 – 49	50 – 59	60 – 64	65+
<b>Skin cancer prevention: behavioral counseling</b>	1 counseling session per calendar year for fair-skinned individuals to 24 years of age about minimizing their exposure to ultraviolet radiation to reduce their risk of skin cancer					Not covered		
<b>Health screening</b> 	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.)							
<b>Urinary incontinence (women only)</b>					Covered annually			

## 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 ( <b>one</b> per pregnancy)
Depression counseling and intervention	Counseling interventions for pregnant and postpartum women at increased risk of perinatal depression
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"> <li>• 1 at first prenatal visit;</li> <li>• 1 at 24 - 28 weeks of gestation</li> </ul>
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
Tobacco use screening and interventions	Provide behavioral interventions for cessation to pregnant women who use tobacco (include e-cigarettes) and expanded counseling for pregnant tobacco users

## Preventive Care 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 medical history and 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 through 21 years
- ▶ Obesity screening in children and adolescents age 6 and older and intensive behavioral interventions to promote weight improvement
- ▶ Blood pressure screening
- ▶ Vision screening at least once in all children 3 to 5 years old to detect amblyopia or its risk factors
- ▶ Hearing screening
- ▶ Developmental screening for children under age 3 and surveillance throughout childhood
- ▶ Depression screening beginning at age 12 (1 screening/calendar year 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, tobacco and drug misuse assessment to be performed with appropriate action to follow, if positive, starting at age 11
- ▶ Anxiety screening for adolescent girls
- ▶ Hematocrit or hemoglobin (anemia) screening
- ▶ Interventions, including education or brief counseling, to prevent initiation of tobacco use (including e-cigarettes) in school-aged children and adolescents (1 counseling session/calendar year during a routine physical exam or a primary care physician office visit)
- ▶ 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 physician office visit)
- ▶ Cervical dysplasia screening, not before age 21 unless the female is immunocompromised or infected by HIV
- ▶ 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 5 years if needed
- ▶ Hepatitis B screening in asymptomatic, non-pregnant adolescents at increased risk for infection regardless of vaccination status
- ▶ Skin cancer behavioral counseling for children and parents of young children, adolescents, and young adults ages 6 months to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce their risk of skin cancer (1 counseling session/calendar year during a routine physical exam or a primary care physician office visit)
- ▶ Screening and counseling for interpersonal and domestic violence (adolescent girls only)
- ▶ Contraceptive education and counseling, (adolescent girls only)

## 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/](https://www.cdc.gov/vaccines/schedules/) for current vaccination schedules)

COVID-19

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 (OTC)) and supplies purchased at an In-Network Pharmacy are covered at 100% if a prescription from your Physician is received. Quantity limits apply**

Preventive Care Drugs and Supplies	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 16 years
Preparation products for colon cancer screening test	Colon cancer screening prep products are 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 medication (e.g. tamoxifen, raloxifene, or aromatase inhibitors)	For women at increased risk for breast cancer and at low risk for adverse medication effects.
Generic statin preventive 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
Generic PrEP medication (brand only if generic is medically inappropriate)	Pre-exposure prophylaxis (PrEP) with effective antiretroviral therapy to persons at increased risk of HIV acquisition



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**If you have questions or need more information**, go to [scufcw.com](https://www.scufcw.com), call the Fund Office at 877-284-2320, extension 424; 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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