

Indemnity PPO Medical Plan Preventive Care Guidelines - 2025

The Indemnity PPO Medical Plan offers 100% coverage for many routine preventive care services for you and your covered dependents when care is received from a PPO network provider—you pay nothing from your pocket when this preventive care is provided by a PPO provider in accordance with the guidelines below.

The Plan's preventive care guidelines also reflect requirements of the Affordable Care Act (also known as "health care reform"). A summary of the available preventive care services covered under the Plan is shown on the following pages.

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.

These guidelines can help you understand the Plan's coverage for preventive care.

Only the routine preventive care services, screenings, and exams described on the following pages are covered 100% when care is received from a PPO provider. Your doctor may determine that you or a covered dependent is at high risk for a certain disease or condition that requires a screening before/after the age specified in the guidelines or requires more frequent screenings than what is provided in the guidelines. However, additional screenings (beyond the frequency shown or before or after the age specified in these preventive care guidelines) will not be covered at 100%. If an additional screening is medically necessary, it would likely be covered under the Plan's regular benefits for medically necessary services (that is, subject to coinsurance, deductibles, etc.).

- If a preventive service is billed separately from an office visit, the office visit is subject to normal plan benefits (including deductible and coinsurance) and may be paid at less than 100%.
- If a preventive service is not billed separately from the office visit, and the office visit is primarily for the purpose of providing preventive services, the office visit is payable at 100%.
- If the main purpose of the office visit is not for the purpose of providing preventive services, normal plan benefits (including deductible and coinsurance) will apply.

NOTE: 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) were used by the Board of Trustees to establish the guidelines for preventive care services under the Indemnity PPO Medical Plan.

UFCW COMPREHENSIVE BENEFITS TRUST Preventive Care Guidelines

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 Immunizations								
COVID-19	The Plan will cover the COVID-19 vaccine when provided by a PPO provider							
Diphtheria, tetanus, pertussis (TD, Tdap)	Every 10 years; booster dose may be needed for wound management, or in pregnancy during the late 2 nd trimester or the 3 rd trimester							
Haemophilus Influenzae type b	Covered							
Hepatitis A	Covered							
Hepatitis B	Covered							
Herpes Zoster (shingles)	Not covered				Covered			
Human papillomavirus (HPV)	Covered through age 26	Not covered						
Influenza (flu)	Covered annually							Covered annually— either the standard- dose or the high- dose
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							
Meningococcal (meningitis)	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							
Pneumococcal (pneumonia))	Covered only for individuals who have chronic illness or risk factors							Covered
Respiratory syncytial virus (RSV)	Covered only during weeks 32 through 36 of pregnancy. Pfizer Abrysvo is the only RSV vaccine recommended during pregnancy.						Covered	
Varicella (chickenpox)	Covered for individuals who do not have evidence of varicella immunity							
Well woman exam (office visit)	At least one preventive care visit per year beginning in adolescence and continuing across the lifespan for the delivery of required preventive services							
Routine physical exam (office visit)	Covered annually							

Preventive Care	Frequency, Based on Age							
	18 – 25	26 – 34	35 – 39	40 – 44	45 – 49	50 – 59	60 – 64	65+
Unhealthy alcohol use screening and counseling	Screening and brief behavioral counseling interventions to reduce alcohol misuse. (Fund covers 2 behavioral counseling sessions per calendar year during routine physical exam or primary care physician office visit)							
Unhealthy drug use screening	Covered as part of a primary care physician office visit (Screening includes asking questions about unhealthy drug use, not testing biological specimens)							
Referral for BRCA genetic test, if coded as preventive care (<i>women at higher risk</i>)	Maximum of 1 referral for counseling and testing every 3 years							
BRCA counseling about genetic testing plus BRCA 1 or 2 genetic tests	Covered for women at high risk (BRCA testing covered once per lifetime), including a woman who has previously been diagnosed with cancer, as long as she is not currently symptomatic or receiving active treatment for breast, ovarian, tubal or peritoneal cancer							
Breast cancer chemoprevention	1 counseling session every 3 years during a routine physical exam or a primary care physician office visit. Fund will cover risk reducing medications such as tamoxifen or raloxifene, or aromatase inhibitors for women at increased risk of breast cancer.							
Mammogram (<i>women only</i>)	Not covered			1 every 1 – 2 years starting at age 40 with or without clinical breast exam. Additional exams may be needed, depending on individual risk (including family history)				
Chlamydia screening (<i>women only</i>)	Annually for sexually active women age 24 or younger. For women age 25 and older, annually if at high risk. Counseling by a health care provider for sexually active adolescent and adult women at an increased risk for sexually transmitted infections (STIs)							
Screening and Counseling for interpersonal and domestic violence (<i>women only</i>).	Covered as part of a well woman visit							
Colorectal cancer screening (fecal occult blood testing, sigmoidoscopy or screening colonoscopy)	Not covered				Covered subject to frequency guidelines (including removal of polyps, pre-procedure specialist consult, pathology exam, anesthesia, and follow-up colonoscopy conducted after a positive non-invasive stool-based screening test or direct visualization test if the attending provider determines it is medically appropriate). Screening after age 75 covered subject to doctor recommendation.			
Anxiety screening	Covered							
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 (Type 2) and prediabetes screening	Covered for adults ages 35-70 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.							
Gonorrhea screening	For sexually active women age 24 or younger. For women age 25 and older, annually if at high risk. (Fund covers annual screening)							
Hearing screening	Not covered						Annually, with routine physical exam	

Preventive Care	Frequency, Based on Age						
	18 – 25	26 – 34	35 – 39	40 – 44	45 – 49	50 – 59	60 – 64
HIV screening	Maximum of 2 screenings per calendar year (more for increased risk), pre-exposure prophylaxis (PrEP) with effective antiretroviral therapy to persons at increased 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)			
Obesity counseling/screening	Screening covered for all adults. For adults who are overweight or obese (BMI of 30 kg/m ² or higher), intensive behavioral counseling to promote sustained weight loss, a healthy diet and physical activity. Diet counseling provided for adults who have additional cardiovascular disease (CVD) risk factors						
Obesity prevention	Not Covered			Counseling for women aged 40 to 60 years with normal or overweight body mass index (BMI) (18.5-29.9kg/m ²) to maintain weight or limit weight gain to prevent obesity. Counseling may include individualized discussion of healthy eating and physical activity		Not Covered	
Diet counseling (healthy diet and physical activity behavioral counseling)	Counseling sessions provided by a licensed nutritionist or dietician and recommended by a doctor for adults at higher risk for chronic disease						
Osteoporosis screening (women only)	Every 2 years (start at age 60 if increased risk)						Every 2 years
Pap smear with pelvic exam (cervical cancer screening) (women only)	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
Prostate cancer screening/ digital rectal exam (men only)	Annually						
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				
Sexually transmitted infection (STI) prevention counseling	Behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections.						

Preventive Care	Frequency, Based on Age							
	18 – 25	26 – 34	35 – 39	40 – 44	45 – 49	50 – 59	60 – 64	65+
Syphilis screening for adults at higher risk	Maximum of 1 screening per calendar year							
Tobacco use screening and tobacco cessation intervention	Fund covers maximum of 2 cessation interventions (including 4 counseling sessions) per calendar year (plus additional visits during pregnancy).							
Tuberculosis screening	Fund covers maximum of 1 screening per calendar year							
Urinary Incontinence screening (women only)	Covered Annually							
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
Contraceptive education and counseling, sterilization procedures	Maximum of 1 counseling session per calendar year, plus All Food and Drug Administration-approved contraceptive methods, sterilization procedures, and follow up and management of side effects, counseling for continued adherence and device removal. Instruction in fertility awareness-based methods, including the lactation amenorrhea method, is covered. Unless medically inappropriate, only generic drugs are 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 hepatitis C virus (HCV infection) screening per calendar year for asymptomatic adults (including pregnant women) ages 18-79 without known liver disease							
Lung cancer screening	Not covered					Annual screening with low-dose computed tomography for adults ages 55 to 80 years with a history of smoking or have quit within the past 15 years.		
Hepatitis B screening	Maximum of 1 screening per calendar year for high risk adults							

Additional Adult Preventive Care Guidelines for Pregnant Women

Preventive Care	Frequency
Preeclampsia screening	Blood pressure measurements covered throughout pregnancy
Bacteriuria (presence of bacteria in urine) screening	Fund covers 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 (Fund covers <u>one</u> per pregnancy).
Folic acid supplement counseling	Coverage provided for counseling. (Folic acid supplements covered with a prescription)
Screening for Diabetes in Pregnancy	Asymptomatic women: 1 screening between 24 and 28 weeks’ gestation. Women with risk factors for diabetes: at the first prenatal visit Before 24 weeks of gestation (ideally at the first prenatal visit) for pregnant women with risk factors for Type 2 diabetes or GDM.
Screening for Diabetes after Pregnancy	1 screening within the first year postpartum
Healthy Weight and Weight Gain in Pregnancy	Behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy
Chlamydia infection screening	For women age 24 or younger. For women age 25 and older, annually if at high risk for infection. (Fund covers annual screening)
Depression screening	For pregnant and postpartum women
Hepatitis B screening	Fund covers 1 per pregnancy (generally at first prenatal visit)
Rh incompatibility screening	Fund covers maximum of 2 screenings per pregnancy <ul style="list-style-type: none"> • 1 at first prenatal visit; • 24 - 28 weeks of gestation
Tobacco use screening and interventions	Fund covers 2 behavioral interventions per pregnancy
Syphilis screening	Fund covers 1 per pregnancy
HIV screening and counseling	Covered for all pregnant women, including those who present in labor who are untested and whose HIV status is not known.

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 through 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 to 17 years
- Obesity screening in children age 6 and older and comprehensive, intensive behavioral interventions to promote weight improvement
- Blood pressure screening
- Vision screening at least once in all children 3 to 5 years to detect amblyopia or its risk factors
- Hearing screening
- Developmental screening for children under age 3 and surveillance throughout childhood
- Depression and suicide risk screening beginning at age 11
- 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
- Education or brief counseling, to prevent initiation of tobacco use (including e-cigarettes) in school-aged children and adolescents
- Hematocrit or hemoglobin (anemia) screening
- Lead screening
- Tuberculin test
- Dyslipidemia screening
- HIV screening for adolescents between the ages of 15 and 21 and adolescents younger than age 15 who are at increased risk
- Sexually Transmitted Infection (STI) screening and counseling for sexually active adolescents (including syphilis and HIV screening)
- Cervical dysplasia screening for sexually active females
- Oral Health risk assessment
- 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 if needed
- Hepatitis B screening in non-pregnant adolescents
- 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
- Screening and counseling for interpersonal and domestic violence (for women and adolescents)
- Screening for anxiety for children and adolescents aged 8 to 18
- Risk assessment for sudden cardiac arrest and sudden cardiac death from 11 to 21 years

Child and Adolescent Preventive Care Guidelines—Immunizations

Immunizations Child and Adolescent Schedule (Doses, recommended ages, and recommended populations vary; go to www.cdc.gov/vaccines/schedules/index.html 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)
Respiratory syncytial virus (RSV)
Rotavirus
Varicella (chickenpox)

The following Preventive Care drugs are covered with no cost sharing if a prescription from your Physician is received. Prescriptions are not required for covered over-the-counter medications. Quantity limits apply.

Preventive Care Drugs and Supplies	Coverage Available
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Folic acid supplementation	Generic OTC folic acid supplements for women <55 years of age
FDA approved contraceptives for women	Generic FDA approved contraceptives for females (or brand drug if generic is medically inappropriate) subject to quantity limits.
Fluoride supplements	Generic OTC fluoride supplements for ages 6 months to 6 years
Preparation (“prep”) 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.
Breast Cancer preventive medication (such as Tamoxifen or Raloxifene)	For women at increased risk for breast cancer and at low risk for adverse medication effects.
Statin preventive medication	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 (Brand statins are payable only if a generic alternative is medically inappropriate)
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