

SUMMARY OF BENEFITS

Douglas County



PREVENTIVE CARE SERVICES

Group C063 and C064

This plan covers the following preventive care services by a physician, physician assistant, or nurse practitioner:

- **Well baby care** limited to nine examinations during the first 24 months of life, including a standard in-hospital exam at birth and any appropriate lab services.
- **Routine physicals** for everyone over two years old according to the following schedule:
 - Ages 2-6: One exam per year
 - Ages 7-18: One exam every two years
 - Ages 19-34: One exam every four years
 - Ages 35-59: One exam every two years
 - Ages 60 and over: One exam every year

Routine physical exams may include routine lab work and other diagnostic testing procedures ordered by your practitioner in connection with the exam

- One **routine gynecological exam** each calendar year for women 18 and over. Exams may include Pap smear, pelvic exam, breast exam, blood pressure check, and weight check. Exams may also include an annual mammogram for women 35 and over, or as recommended by a physician for women with a high-risk condition. Covered lab services are limited to occult blood, urinalysis, and complete blood count.
- **Colorectal cancer screening** exams and lab work including the following:
 - A fecal occult blood test
 - A flexible sigmoidoscopy
 - A colonoscopy (the deductible, copayment, and/or benefit percentage shown on the Benefit Summary for "Outpatient Services – Outpatient Surgery/Services" apply to routine and/or medically necessary colonoscopies)
 - A double contrast barium enema
- **Prostate cancer screening**, including a digital rectal examination and a prostate-specific antigen test.
- Standard age-appropriated childhood and adult **immunizations** for primary prevention of infectious diseases as recommended by and adopted the Centers for Disease Control and Prevention, American Academy of Pediatrics, American Academy of Family Physicians, or similar standard-setting body. Benefits do not include immunizations for more elective, investigative, unproven, or discretionary reasons (e.g. travel). Covered immunizations include, but may not be limited to the following:
 - Diphtheria, pertussis, and tetanus (DPT) vaccines, given separately or together
 - Polio vaccine
 - Measles, mumps, and rubella (MMR) vaccines, given separately or together
 - Hemophilus influenza B vaccine
 - Hepatitis A vaccine
 - Hepatitis B vaccine
 - Pneumococcal vaccine
 - Varicella vaccine (chicken pox)
 - Influenza vaccine
 - Meningococcal (meningitis) vaccine
- **Tobacco cessation program services** are covered 100% when provided by a PacificSource approved program. Coverage is limited to a maximum lifetime benefit of two quit attempts. Specific nicotine replacement therapy will only be covered according to the program's description. If this policy includes benefits for prescription drugs, tobacco cessation related medication prescribed in conjunction with an approved tobacco cessation program will be covered to the same extent this policy covers other prescription medications.