Healthcare reform legislation known as the Affordable Care Act (ACA) is making sweeping changes in health care, and one of the first things to take effect was expanded coverage for preventive services. Commercial health plans (except for “grandfathered” plans), individual plans, and Medicare must fully cover certain services that have proven to make a positive difference in clinical outcomes. As we have always believed in the value of preventive care, Health First wholeheartedly supports these rules and covers all required preventive benefits with no cost share when you see participating providers and follow established guidelines and frequency limits:

**Screenings**, including those for:
- Abdominal aortic aneurysms in adult men
- Alcohol and drug misuse in adolescents & adults
- Anemia in pregnant women & children
- Blood pressure
- Breast, cervical, and colorectal cancer
- Cholesterol abnormalities
- Depression
- Development, behavior & autism in children
- Diabetes
- Domestic violence
- Hearing in children
- Hemoglobinopathies (sickle cell)
- Hepatitis B for pregnant women
- Hepatitis C in adults
- Human immune-deficiency virus (HIV)
- Human Papillomavirus (DNA testing)
- Hypothyroidism
- Lead exposure in children
- Lung cancer for adults aged 55–80 at high risk
- Obesity
- Osteoporosis in elderly or at-risk women
- PKU in newborns
- Rh incompatibility in pregnant women
- Sexually-transmitted infections
- Tuberculosis in children
- Urinary tract infections in pregnant women
- Vision in children

**Physical exams**, including:
- Annual physicals
- Well-woman exams
- Well-child exams

**Medications**, when prescribed by a physician:
- Aspirin*—for men 45–79 years old and women 55–79 years old
- Folic acid*—pregnant women and children up to 6 years old
- Iron*—for children 6–12 months old
- Oral contraceptives (see formulary for details)
- Tobacco cessation products* (see formulary for details)
- Vitamin D*—for adults aged 65+ and at increased risk for falls

**Immunizations** for children & adults, including:
- Diphtheria
- Haemophilus influenzae type b
- Hepatitis A
- Hepatitis B
- Herpes Zoster
- Human Papillomavirus
- Inactivated Poliovirus
- Influenza
- Measles, Mumps, Rubella (MMR)
- Meningococcus
- Pertussis
- Pneumococcus
- Rotavirus
- Tetanus
- Varicella

**Counseling services**, including those related to:
- Alcohol or drug misuse
- Aspirin therapy to prevent cardiovascular disease
- Breast cancer chemoprevention & genetics
- Breastfeeding
- Domestic violence
- Folic acid supplementation related to pregnancy
- Healthy diet
- Human immune-deficiency virus (HIV)
- Iron supplements for children at risk
- Obesity
- Oral health/cavity prevention in children
- Sexually-transmitted infections
- Skin cancer prevention
- Tobacco use

**Additional services**:
- Breastfeeding supplies
- FDA-approved contraception prescribed by a physician (including vasectomies performed in a physician office but not in an outpatient facility)
- Fall prevention services for older adults

* Must be ordered through Health First Family Pharmacy (call toll free 1.866.469.1506)
When is a test preventive? When is it diagnostic?

Sometimes there’s no cost share for your mammogram or colonoscopy, and sometimes you have to pay your share of the cost. How do you know what to expect?

With expanded coverage of preventive services under healthcare reform (the Affordable Care Act), this question has become increasingly important to members who want to estimate their costs for medical care. Certain preventive services are covered with no cost share when obtained from contracted health plan providers, so it is important to distinguish a preventive (also called “screening”) exam from one that is considered diagnostic (or not covered at all). How can you tell the difference?

In general, a preventive/screening exam is performed when you do not have signs or symptoms of the condition in question—the goal is to detect problems early, before symptoms appear, and prevent serious medical conditions from developing or getting worse. For a test to be considered a “preventive” screening under the law and covered with no cost share, it must have a rating of A or B by the U.S. Preventive Services Task Force (USPSTF) and meet established recommendations related to gender, age, risk, and frequency. If you have symptoms of the condition you are being tested for, or if you’ve already been diagnosed with the condition, related tests would be considered diagnostic and a cost share may apply. Screening tests that do not meet the USPSTF’s recommendations may not be covered at all.

Common examples of preventive screening exams include mammograms, certain blood tests for cholesterol and diabetes, and colorectal cancer exams. For example, the USPSTF recommends most people (those age 50 years and older with average risk and no symptoms) get a colonoscopy once every 10 years to check for colorectal cancer. Another option for most people would be a sigmoidoscopy every five years with a fecal occult blood test every three years. If you’re simply getting one of these tests because you just turned 50 or it’s been 10 years since your last colonoscopy, these tests are screenings, so they’re covered with no cost share, even if a polyp is removed during the colonoscopy or sigmoidoscopy. For people at high risk, including those with a personal or family history of colon cancer, Health First covers more frequent screenings—those members can get a preventive colonoscopy or sigmoidoscopy every three years with no cost share.

If you’re having gastrointestinal problems and need a colonoscopy or another test to find out what’s wrong, that test would be diagnostic and a cost share would apply. The exact amount depends on your plan.

Prevention is an important part of your health care, so make sure you see your doctor every year for a physical exam and to discuss other preventive services that are appropriate for you. For a current list of recommended preventive services at any time, visit healthcare.gov, and contact Health First’s Customer Service Department toll-free at 1.855.443.4735 with questions about preventive coverage.

The preventive services the ACA requires health plans to cover come from several sources:

- Services recommended by the United States Preventive Services Task Force (USPSTF) with a current rating of A or B.
- Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) for routine use in children, adolescents, and adults.
- Preventive care and screenings for women, infants, children, and adolescents listed in the comprehensive guidelines of the Health Resources and Services Administration (HRSA).

Health First continually monitors any changes to the federal preventive guidelines and ACA, and will adjust coverage as required by law. For more information, visit healthcare.gov or contact Customer Service.

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- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, accessible electronic formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please contact Sherri Wynn.

If you believe that Health First Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

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