

Preventive Care Coverage

PREVENTIVE CARE SERVICES ARE KEY FOR MEMBERS

At Coventry Health Care, we encourage members to receive preventive care services. The Patient Protection and Affordable Care Act (PPACA) provides for specific preventive services when provided by participating providers to be covered at 100 percent. Our fully insured group health plans already provide coverage for many of those preventive services. Starting on October 1, 2010, for all new plans and for renewing plans that are not grandfathered plans, as of the plan's effective date/renewal date, members who use our network providers will receive preventive care services paid at 100 percent.

COVERAGE FOR PREVENTIVE SERVICES

Here are some examples of the preventive services that will be covered with no copay, coinsurance or deductible.

Child Preventive	Adult Preventive
Exams: Preventive office visits including well child care	Exams: Preventive office visits including well woman exam
Immunizations: Influenza (flu) Pneumonia Hepatitis A Hepatitis B Diphtheria, Tetanus, Pertussis Varicella (chicken pox) Measles, Mumps, Rubella (MMR) Polio Rotavirus Meningococcal Human Papillomavirus (HPV)	Immunizations: Influenza (flu) Pneumonia Hepatitis A Hepatitis B Diphtheria, Tetanus, Pertussis Varicella (chicken pox) Measles, Mumps, Rubella (MMR) Polio Rotavirus Meningococcal
Screening Tests: Hearing screening, Eye chart screening, PKU screening (newborns), Sick cell screening (newborns)	Screening Tests: Breast cancer screening, Cervical cancer screening, Colorectal cancer screening, Prostate cancer screening, Bone density, Lipid panels, Abdominal aneurysm aortic screening, Screening for sexually transmitted diseases, HIV test, General and immunological labs, Routine blood and urine screenings
Newborn Preventive Treatment: Gonorrhea treatment	

The list is subject to change as federal guidance is issued. The full list of covered preventive services issued with the Interim Final Rules can be found at <http://www.healthcare.gov/center/regulations/prevention/taskforce.html>

Talking with Your Provider about Preventive Care

We process claims based on your provider's clinical assessment of the office visit. If a preventive item or service is billed separately, cost-sharing may apply to the office visit. If the primary reason for your visit is seeking treatment for an illness or condition, and preventive care is administered during the same visit, cost-sharing may apply. This means your provider may ask you to pay your appropriate health plan copay, deductible or coinsurance.

Certain screening services, such as a colonoscopy or mammogram, may identify health conditions that require further testing or treatment. If a condition is identified through a preventive screening,

any subsequent testing, diagnosis, analysis or treatment are not considered preventive services and are subject to the appropriate cost-sharing.

If you have questions about a claim or provider visit, please call the customer service number on your Member ID card or speak with your provider. Please regularly check our website for new information about preventive care coverage as the government agencies refine guidance and requirements.