



How Health Care Reform Affects Preventive Care Coverage Under Your Plan

No Cost-Sharing for Some Preventive Care

At ConnectiCare, your health is at the heart of everything we do. As you know, we already provide a broad range of plans that cover preventive care services with \$0 copay. Now, all ConnectiCare non-grandfathered plans meet federal health care reform guidelines and eliminate cost-sharing for certain preventive care provided by participating (“in-network”) providers.

These services include routine tests and vaccines, many cancer screenings, and a broad range of services to support healthy pregnancies and children’s health. A list of preventive care services covered in your plan with no cost-sharing appears on the opposite side.

This means you will have no cost-sharing (including no copayments, coinsurance or deductibles) at the time the service is provided for these services as long as:

- Your doctor is a participating provider;
- The main purpose of your visit is to receive preventive care. Typically you will receive preventive care as part of a routine physical exam, including routine gynecological visits, regular checkups and well-child exams.

Please be aware that when you receive preventive care services from a non-participating (“out-of-network”) provider, cost-sharing requirements will continue to apply as they do today.

Be sure to talk to your doctor about which preventive care services are right for your age, gender and health status.

To find out more, visit our new Health Reform Learning Center at www.connecticare.com (click on the blue “Health Reform” button in the lower right corner of your screen). Here you can use an interactive **Preventive Care Checklist**, a **Childhood Immunization Checklist**, a **Health Reform Timeline**, and other **helpful resources**.

With more than 116 pages of content, the site provides significant education about public health reform.

CERTAIN PREVENTIVE SERVICES WITH NO MEMBER COST-SHARING*

Below is a description of some of the general categories of preventive care for which a member may receive services with no cost-share at the time the service is provided.

In order to qualify, all services are subject to physician specialty, procedure code and diagnostic code requirements, frequency limitation rules and appropriate age and gender requirements, as described by the U.S. Preventive Services Task Force A and B and HRSA guidelines. These guidelines may change from time to time.

* This list of preventive care services may not apply to “grandfathered” health plans – any group or individual health plan that was in effect on March 23, 2010, the date of Health Care Reform enactment. Contact your health benefits administrator with any questions.

FOR ADULTS

Preventive screenings for:

- Abdominal Aortic Aneurysm (men age 65–75 who are present or past smokers)
- Alcohol use
- Blood pressure
- Cancer (including Pap smear, mammogram – age 40+ and colon cancer screening – age 50–75)
- Depression
- Diabetes (blood sugar)
- Hyperlipidemia (elevated lipids (fats) in the bloodstream)
- Obesity
- Osteoporosis – age 60+
- Sexually transmitted disease prevention (including Chlamydia, Gonorrhea, HIV and Syphilis)
- Tobacco use

Routine immunizations including:

- Influenza (flu shot)
- Hepatitis A and B
- Herpes zoster (shingles)
- HPV (Human papillomavirus)
- Measles, mumps and rubella
- Meningococcal
- Pneumococcal (pneumonia)
- Tetanus
- Varicella (chicken pox)

Dietary counseling for:

- Members with hyperlipidemia (elevated lipids (fats) in the bloodstream)
- Members with a body mass index (BMI) >30

Pharmaceutical coverage:

- Aspirin for the prevention of cardiovascular disease

ADDITIONAL SERVICES FOR WOMEN

BRCA (counseling about the Breast and Ovarian Cancer Genetic Test)

Pregnancy-related screening including:

- Bacteriuria
- Hepatitis B
- Iron deficiency
- Rh (D) typing

Breast-feeding support

Pharmaceutical coverage:

- Folic Acid supplements for women of child-bearing age

FOR CHILDREN & TEENS

Preventive screenings for:

- Autism (0–21 yrs.)
- Developmental issues (0–21 yrs.)
- Hearing (0–21 yrs.)
- Hematocrit and hemoglobin (0–21 yrs.)
- Hypothyroidism (newborns)
- Lead (0–6 yrs.)
- Phenylketonuria (PKU) (newborns)
- Psychosocial/behavioral issues (0–21 yrs.)
- Sickle Cell disease (newborns)
- Tuberculosis (2–21 yrs.)
- Vision (0–21 yrs.)

Routine immunizations including:

- DtaP (Diphtheria, Tetanus, Pertussis)
- Influenza (flu shot)
- Hib (H. Influenza type b)
- Hepatitis A and B
- HPV (Human papillomavirus)
- Measles, mumps and rubella
- Meningococcal
- Polio
- Pneumococcal (pneumonia)
- Rotavirus
- Varicella (chicken pox)

Pharmaceutical coverage:

- Iron supplements
- Oral fluoride supplements



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Coverage is provided by and services are administered as follows: In Connecticut: Group HMO and POS coverage, and Individual HMO coverage is underwritten by ConnectiCare, Inc.; Group coverage for coinsurance plans and Individual POS coverage is underwritten by ConnectiCare Insurance Company, Inc.

In Massachusetts: Group HMO and POS coverage is underwritten by ConnectiCare of Massachusetts, Inc. FlexPOS, PPO coverage, ASO/Self-funded services, and Dental products are administered or underwritten by ConnectiCare Insurance Company, Inc.