

FirstCarolinaCare Insurance Company

Understanding Your Preventive Care Benefits

Commercial Groups

Understanding and utilizing your preventive care benefits can enhance your overall health. We hope the information provided gives you a starting point to discuss preventive care with your healthcare provider.

How your preventive care benefits work

Preventive care services, as defined by the Affordable Care Act (ACA), are covered at 100 percent when these conditions are met:

- Service is filed with a preventive diagnosis code.
- Service is delivered in a provider's office, outpatient clinic, or ambulatory surgery center.
- Service is conducted by an in-network provider.

Your covered preventive services

FirstCarolinaCare covers all preventive services as defined by the ACA. Check your particular plan's Certificate of Coverage (COC) or Summary Plan Document (SPD) for a complete list of your covered preventive benefits.

Annual Wellness Preventive Visit

- Immunizations
- Women's Health Services
- Adult Health Screenings
- Adult Health Counseling
- Well-Child Care Services

To find more information about the preventive care mandate, visit www.healthcare.gov or www.uspreventiveservicestaskforce.org/uspstf/uspstabrecs.htm.

Things you should know

- Utilizing in-network healthcare providers is the most cost effective way to ensure your plan's preventive care services will be covered at 100 percent. For those members with our PPO plans, out of network coverage for preventive services will be covered at plan coinsurance after deductible.
- **Not all services received at your annual preventive/wellness visit are covered at 100 percent.** Your provider may order additional testing outside of the ACA guidelines. These services may be covered under your diagnostic testing benefit.
- If additional diagnostic services accompany your preventive service or are required by your health care provider, refer to your Summary of Medical Benefits (SMB) or Summary of Benefits and Coverage (SBC) for your out-of-pocket responsibility.

Preventive Services

In-Network Member Responsibility

Out-of-Network Member Responsibility

Services below are covered at 100% under your preventive care benefit. Age restrictions may apply to certain benefits. Additional services performed during an annual preventive/wellness visit may be covered under your diagnostic testing benefit.

<p>Annual Wellness/Preventive Visit with your Provider</p>	<p>ALL PLANS YOU PAY \$0</p>	<p>HMO Not Covered POS Not Covered PPO Plan Coinsurance after Deductible</p>												
<p>Immunizations</p> <table border="0"> <tr> <td>Influenza</td> <td>Measles/Mumps/Rubella (MMR)</td> </tr> <tr> <td>Hepatitis A</td> <td>Tetanus-Diphtheria (Td)(Tdap)</td> </tr> <tr> <td>Hepatitis B</td> <td>Chicken Pox</td> </tr> <tr> <td>Herpes Zoster (shingles)</td> <td>Polio</td> </tr> <tr> <td>Pneumococcal Vaccine</td> <td>Meningococcal</td> </tr> <tr> <td>Human Papillomavirus (HPV)</td> <td>Varicella</td> </tr> </table> <p><i>(Immunizations for international travel are not covered)</i></p>	Influenza	Measles/Mumps/Rubella (MMR)	Hepatitis A	Tetanus-Diphtheria (Td)(Tdap)	Hepatitis B	Chicken Pox	Herpes Zoster (shingles)	Polio	Pneumococcal Vaccine	Meningococcal	Human Papillomavirus (HPV)	Varicella	<p>ALL PLANS YOU PAY \$0</p>	<p>HMO Not Covered POS Not Covered PPO Plan Coinsurance after Deductible</p>
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*Pathology charges incurred during a screening colonoscopy apply to your diagnostic benefit.

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