

# PREVENTIVE BENEFITS

**THE PREVENTIVE SERVICES** are designed to comply with terms of the Patient Protection and Affordable Care Act (PPACA), the current recommendations of the United States Preventive Services Task Force, the Health Resources and Services Administration, and the Centers for Disease Control and Prevention.

The benefit levels in the table to the right apply when provided by a network provider. If out-of-network providers are used, the member is subject to deductible, co-insurance, and any charges beyond MUST's allowable limits (balance billing).

Balance billing charges do not apply to member deductibles and out-of-pocket maximums.

When preventive services and diagnostic or therapeutic services occur during the same visit, the member pays deductibles and co-insurance for diagnostic or therapeutic services but not for the preventive services.

Deductible and co-insurance will apply to preventive claims submitted beyond the benefit limits.



## PREVENTIVE MEDICAL BENEFIT

### Immunizations

Deductible, benefit percentage	Waived, 100%
--------------------------------	--------------

### Well-Child Care

Deductible, benefit percentage	Waived, 100%
--------------------------------	--------------

### Diabetic Education

Deductible, benefit percentage	Waived, 100% (subject to deductible on HDHP)
--------------------------------	--

Maximum	5 visits per benefit period
---------	-----------------------------

### Vision Exam (with or without refraction)

Deductible, benefit percentage	Waived, 100%
--------------------------------	--------------

Maximum	1 per benefit period
---------	----------------------

## Women's Health

### Preventive Mammogram

Deductible, benefit percentage	Waived, 100%
--------------------------------	--------------

Maximum	1 per benefit period
---------	----------------------

### Preventive Pap Smear

Deductible, benefit percentage	Waived, 100%
--------------------------------	--------------

Maximum	1 per benefit period
---------	----------------------

### Birth Control\*

Deductible, benefit percentage	Waived, 100%
--------------------------------	--------------

Maximum	No maximum
---------	------------

## Colon Cancer Screening (age 50 and over)

### Fecal Occult Blood Test

Deductible, benefit percentage	Waived, 100%
--------------------------------	--------------

Maximum	1 per benefit period
---------	----------------------

### Sigmoidoscopy

Deductible, benefit percentage	Waived, 100%
--------------------------------	--------------

Maximum	1 every 5 years
---------	-----------------

### Colonoscopy

Deductible, benefit percentage	Waived, 100%
--------------------------------	--------------

Maximum	1 every 10 years
---------	------------------

### Virtual Colonoscopy

Deductible, benefit percentage	Waived, 100%
--------------------------------	--------------

Maximum	1 every 5 years
---------	-----------------

\* Women on all MUST plans have access to generic oral contraceptives, diaphragms, cervical caps, sterilization procedures, patient education, and counseling. Over-the-counter female contraceptives are covered when prescribed by a provider.