EMPIRE PLAN PREVENTIVE CARE COVERAGE

NYSHIP
New York State Health Insurance Program

NYSHIP's Empire Plan options for Participating Agencies and Participating Employers are nongrandfathered plans under the federal Patient Protection and Affordable Care Act (PPACA), which includes provisions for expanded coverage of preventive health care services. **The charts below summarize preventive services covered with no copayment when received from an Empire Plan participating provider.***

Children

Yearly preventive care (well child) visits that include height, weight and body mass index measurements, developmental screenings, behavioral assessments and medical history are covered, as well as the screenings, tests, counseling and vaccines** listed below.

Screenings • Tests • Counseling

- Certain newborn screenings including but not limited to: thyroid disease, phenylketonuria (PKU), sickle cell disease and hearing
- Gonorrhea preventive topical eye medication for newborns
- Developmental/autism screening
- Hematocrit or Hemoglobin and blood pressure screenings
- Cholesterol and lipid screening for children at higher risk
- Lead exposure screening
- Tuberculosis screening
- Visual acuity screening for children under age 5
- Hearing screening
- Obesity screening and counseling for children age 6 and older
- Screening for major depressive disorders
- HIV screening and sexually transmitted infections (STIs) screenings and prevention counseling for adolescents at higher risk
- Cervical dysplasia screening when necessary

Vaccines

- Hepatitis A
- Hepatitis B
- Tetanus, Diphtheria, Pertussis (Td/Tdap)
- Influenza (flu)
- Haemophilus influenza type b (Hib)
- Poliovirus (polio)
- Measles, Mumps, Rubella (MMR)
- Rotavirus
- Varicella (Chickenpox)
- Meningoccal polysaccharide (Meningitis)
- Pneumococcal conjugate (Pneumonia)
- Human Papillomavirus (HPV)

*Preventive services as described in the United States Preventive Services Task Force A and B Recommendations, the Advisory Committee on Immunization Practices (ACIP) under the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA) Guidelines, including the American Academy of Pediatrics *Bright Futures* Periodicity Schedule.

**Doses, recommended ages and recommended populations vary

Visit these web sites to learn more: www.healthcare.gov/law/provisions/preventive/index.html • www.hhs.gov/safety/index.html

Please note that the preventive health care services listed above are not recommended for everyone. Vaccine recommendations change. You and your health care provider should decide what care is most appropriate. For specific benefit coverage details and limitations, refer to your plan documents or call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447).

Adults

Yearly preventive care physical exams are covered, as well as the screenings, tests, counseling and vaccines** listed below.

Screenings • Tests • Counseling

- Cholesterol and lipid screening beginning at age 20 for high risk adults
- Screening for diabetes in those adults with high blood pressure
- Colorectal cancer screening including fecal occult blood test, sigmoidoscopy and colonoscopy, beginning at age 50 to 75
- Screening for depression
- Screening for gonorrhea, chlamydia, syphilis and HIV
- Counseling for sexually transmitted infections (STIs)
- Screening and counseling for alcohol misuse, tobacco use, obesity, diet and nutrition **in a primary care setting**
- Screening for abdominal aortic aneurysm in men age 65 to 75 who have ever smoked
- Bone density test to screen for osteoporosis for women at risk, age 60 or older
- Breast cancer screening mammography every 1 to 2 years for women, beginning at age 40
- Counseling and evaluation for genetic testing of women for BRCA breast cancer genes
- Counseling women at high risk of breast cancer for chemoprevention
- Screening women for cervical cancer including Pap test
- Prenatal screenings including, but not limited to: iron deficiency anemia, bacteriuria, Hepatitis B, Rh incompatibility, syphilis, gonorrhea, chlamydia

Vaccines

- Hepatitis A
- Hepatitis B
- Measles, Mumps, Rubella (MMR)
- Tetanus, Diphtheria, Pertussis (Td/Tdap)
- Varicella (Chickenpox)
- Influenza (flu)
- Pneumoccocal conjugate (Pneumonia)
- Meningoccal Polysaccharide (Meningitis)
- Human Papillomavirus (HPV)
- Herpes Zoster (Shingles) **Copayment applies if under age 60**

*Preventive services as described in the United States Preventive Services Task Force A and B Recommendations, the Advisory Committee on Immunization Practices (ACIP) under the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA) Guidelines, including the American Academy of Pediatrics *Bright Futures* Periodicity Schedule.

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