2019 EMPIRE PLAN PREVENTIVE CARE COVERAGE CHART

NYSHIP’s Empire Plan includes provisions for expanded coverage of preventive health care services in accordance with the federal Patient Protection and Affordable Care Act (PPACA). These charts summarize preventive services covered with no copayment when received from an Empire Plan participating provider.¹

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 vaccines² listed below.

**Note:** Vaccines administered at a pharmacy are not authorized in New York State for persons under age 18, with the exception of the influenza (flu) vaccine. The influenza vaccine may be administered by pharmacists to persons ages two and older.

<table>
<thead>
<tr>
<th>Screenings • Tests • Counseling</th>
<th>Vaccines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certain newborn screenings including, but not limited to, thyroid disease, phenylketonuria (PKU), sickle cell disease and hearing</td>
<td>• Hepatitis A</td>
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<tr>
<td>Gonorrhea preventive topical eye medication for newborns</td>
<td>• Hepatitis B</td>
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<tr>
<td>Developmental/autism screening up to age 3</td>
<td>• Tetanus, diphtheria, pertussis (Td/Tdap)</td>
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<tr>
<td>Hematocrit or hemoglobin and blood pressure screenings</td>
<td>• Influenza (flu)</td>
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<tr>
<td>Cholesterol and lipid screening for children at higher risk</td>
<td>• Haemophilus influenzae type b (Hib)</td>
</tr>
<tr>
<td>Lead exposure screening up to age 7</td>
<td>• Inactivated poliovirus (polio)</td>
</tr>
<tr>
<td>Tuberculosis screening</td>
<td>• Measles, mumps, rubella (MMR)</td>
</tr>
<tr>
<td>Visual Acuity Screening for children up through age 21</td>
<td>• Rotavirus</td>
</tr>
<tr>
<td>Hearing screening</td>
<td>• Varicella (chickenpox)</td>
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<tr>
<td>Application of fluoride varnish in a primary care setting up to age 6</td>
<td>• Meningococcal (meningitis)</td>
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<th>Screenings • Tests • Counseling</th>
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<tr>
<td>Obesity screening and counseling for children age 6 and older</td>
<td>• Pneumococcal (pneumonia)</td>
</tr>
<tr>
<td>Screening for major depressive disorders</td>
<td>• Human papillomavirus (HPV)</td>
</tr>
<tr>
<td>HIV screening and sexually transmitted infections (STIs) screenings and prevention counseling for adolescents at higher risk</td>
<td></td>
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<tr>
<td>Cervical dysplasia screening when necessary</td>
<td></td>
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<tr>
<td>Screening and counseling for interpersonal and domestic violence</td>
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<tr>
<td>Skin cancer counseling for children beginning at 6 months of age as well as counseling for parents</td>
<td></td>
</tr>
<tr>
<td>Counseling and education by primary care clinicians to prevent initiation of tobacco use in school-age children and adolescents</td>
<td></td>
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<tr>
<td>Alcohol and drug use assessments</td>
<td></td>
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<tr>
<td>Screening for hepatitis B virus infection for at-risk individuals</td>
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</tbody>
</table>

¹Preventive 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), the U.S. Department of Health and Human Services’ (HHS) Health Plan Coverage Guidelines for Women’s Preventive Services and the Health Resources and Services Administration (HRSA) Guidelines, including the American Academy of Pediatrics Bright Futures Periodicity Schedule.

²Doses, recommended ages and populations vary.

**To learn more, go to:** [www.hhs.gov/healthcare/rights/preventive-care](http://www.hhs.gov/healthcare/rights/preventive-care)

Please note that the preventive health care services listed above are not recommended for everyone. This chart represents current benefits as of January 1, 2019. 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 toll free at 1-877-7-NYSHIP (1-877-769-7447).
## Adults

Yearly preventive care physical and well-woman exams are covered, as well as the screenings, tests, counseling and vaccines listed below. **Note:** Select vaccines administered at a participating pharmacy are covered.

### Screenings • Tests • Counseling

- Cholesterol and lipid screening for adults age 40-75
- Screening for type 2 diabetes in adults age 40-70 who are overweight or obese or who have high blood pressure
- Colorectal cancer screening, including fecal occult blood test, fecal DNA test, sigmoidoscopy and colonoscopy for adults age 50-75 (This includes pre-procedure consultation and any resulting pathology exam or polyp biopsy for the colonoscopy.)
- 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 65-75 who have ever smoked
- Bone density test to screen for osteoporosis for women age 65 and older or women at risk
- Breast cancer screening mammography every one to two years for women, beginning at age 40
- Counseling and evaluation for genetic testing of women for BRCA breast cancer gene
- Annual lung cancer screening for adults age 55-80 based on risk and smoking history
- Counseling women at high risk of breast cancer for chemoprevention
- Screening women for cervical cancer up to age 65, including Pap test
- Prenatal care and screenings including, but not limited to, bacteriuria, hepatitis B, Rh incompatibility, syphilis, gonorrhea, chlamydia
- Screening for gestational diabetes for women after 24 weeks of gestation
- Human papillomavirus DNA testing every three years for women age 30 and older
- Screening and counseling for interpersonal and domestic violence
- For women, all U.S. Food and Drug Administration-approved contraceptive methods and sterilization procedures and patient education and counseling
- Breastfeeding support, supplies and counseling, including costs for purchase of breastfeeding equipment in conjunction with each birth
- Skin cancer counseling for young adults up to age 25
- Screening for hepatitis C virus (HCV) infection for at-risk individuals or one-time screening for adults born between 1945 and 1965
- Screening for tuberculosis and hepatitis B virus infection for at-risk individuals

### Vaccines

- Hepatitis A
- Hepatitis B
- Measles, mumps, rubella (MMR)
- Tetanus, diphtheria, pertussis (Td/Tdap)
- Varicella (chickenpox)
- Human papillomavirus (HPV)

Can be administered in a physician's office or at a participating pharmacy:

- Influenza (flu)
- Pneumococcal (pneumonia)
- Meningococcal (meningitis)
- Herpes zoster (shingles)
  - Shingrix®
    - No copayment is required for enrollees age 50 and older
  - Zostavax®
    - No copayment for enrollees age 60 and older; enrollees between the ages of 55 and 59 are subject to a Level 1, 30-day supply copayment at a network pharmacy or a medical copayment at a physician's office

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2 Doses, recommended ages and populations vary.

3 Covered preventive immunizations obtained at a CVS Caremark national vaccine network pharmacy will be paid in full and will not require a copayment, subject to age limitations.

4 Most Level 1 contraceptives covered under The Empire Plan Prescription Drug Program are available without cost-share to enrollees.

**To learn more, go to:** [www.hhs.gov/healthcare/rights/preventive-care](http://www.hhs.gov/healthcare/rights/preventive-care)

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