

Preventive Care Benefits

Preventative care benefits are provided under three categories: annual women's examination, well-baby care, and physical examinations. A description of each follows:

a. Annual Women's Examinations

Annual women's breast, pelvic, and Pap smear examinations are covered once every calendar year. However, more frequent examinations will be covered if medically necessary and recommended by the woman's health care provider. Except for Pap smears and mammograms, which are paid according to this Annual Women's Examinations benefit, any covered expenses for laboratory and x-ray procedures that accompany the examination will be covered according to the Diagnostic X-Rays) and Laboratory Benefits provision on pg 82. Note that routine mammography breast screening will be covered according to the following schedule:

- Age 35 to 40, one mammogram in that period; and
- Age 40 and above, one mammogram per calendar year.

More frequent mammograms will be covered if medically necessary and recommended by the woman's health care provider.

b. Well-Baby Care

The Plan covers charges of the professional provider for physical examinations of your eligible dependent child(ren) under four years of age, including the standard in-hospital examination at birth and diagnostic x-ray and laboratory services.

The Plan will cover up to eight (8) visits for physical examinations and immunizations for your eligible Dependent child(ren) through the first 36 months of life. Routine immunizations are covered at one hundred percent (100%) and routine outpatient physical examinations or diagnostic testing is covered at eighty percent (80%) of usual, customary and reasonable charges. There is no deductible for covered well- baby care expenses.

c. Physical Examinations

For you and your eligible dependent over four years of age, the Plan covers 100% of the cost of physical examinations and related laboratory test work associated with the exam including EKG, lung function test, chest x-ray, blood test for cholesterol, blood sugar, liver and kidney function, as long as a third party is not liable for these charges and you use a contracted PPO provider. **No benefit is paid for non-PPO providers.** The Plan only covers as often and up to the following amounts:

Frequency:

Children: Age 4 – 6, one examination every calendar year.
Age 7 – 18, one examination every two calendar years

Adults: Age 19 – 34, one examination every four calendar years.

Age 35 and above, one examination every two calendar years.

Amounts Payable: For each physical examination, including related laboratory tests and x-ray examinations, the Plan pays up to \$400. Any excess charges do not count toward the Plan's annual out-of-pocket maximum.