

MEMO

To: Cedar Rapids Electrical Workers Local #405 Health and Welfare Fund Eligible Employees and Spouses of Eligible Employees
From: Auxiant
Date: June 2019
Re: Routine Annual Physical Exams

How can I earn a \$50 Scheels gift card?

Starting in January 2019, if you and/or your spouse has a routine annual physical exam conducted, you will earn a \$50 Scheels gift card! Please note that this benefit only applies if you are eligible to participate in the Cedar Rapids Electrical Workers Local #405 Health and Welfare Fund.

How does the gift card program work?

Go to your doctor for a routine annual physical exam. Your doctor will submit a claim to Wellmark. Wellmark will provide a list to Auxiant, and Auxiant will provide a \$50 Scheels gift card in a future monthly contribution statement. Please note that this process may take up to 120 days. If you do not receive your gift card within 120 days of your routine annual physical exam, please call Auxiant.

Your health plan pays 100% for preventive care. Benefit maximums for physical exams are one per Plan Year.

What do I need to do?

Schedule your routine annual physical exam today! Then a few months after your appointment, keep an eye out for your monthly contribution statement for your gift card reward.

The goal of this incentive is to engage members and their spouses in routine physical exams. If you have any questions, please feel free to contact Vanessa Taylor at Auxiant at 319-398-3283, ext. 1221.

STAY HEALTHY

Make an appointment for a preventive exam.



WHAT CAN YOU DO TO STAY HEALTHY AND PREVENT DISEASE?

Use your benefits and schedule preventive care screenings and exams with your personal doctor. Preventive exams are essential to your health. They can help identify a problem before symptoms begin and improve the chance that health conditions can be treated.

You can view a list of preventive care guidelines on Wellmark.com, which includes information on important exams, screenings and vaccinations. Talk to your doctor about which of these apply to you and when and how often you should be tested.

CHECK-UP CHECKLIST

Before your preventive exam, make sure you do these four things:



REVIEW YOUR FAMILY HEALTH HISTORY. Are there any new conditions or diseases that have occurred in your close relatives since your last visit?



FIND OUT IF YOU ARE DUE FOR ANY SCREENINGS OR VACCINATIONS. Have you had the recommended screening tests based on your age, health and lifestyle?



WRITE DOWN A LIST OF ISSUES AND QUESTIONS. Review any existing health problems and note any changes.



CONSIDER FUTURE HEALTH ISSUES. Do you want to lose weight or quit smoking? Discuss any issues that could affect your future health.

Centers for Disease Control and Prevention, 2009.

Not all Wellmark health plans include preventive benefits. Check your Coverage Manual or contact Customer Service to see what preventive care is covered by your plan.

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).

Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc., Wellmark Synergy Health, Inc., Wellmark Value Health Plan, Inc. and Wellmark Blue Cross and Blue Shield of South Dakota are independent licensees of the Blue Cross and Blue Shield Association.

WELLMARK'S ACA PREVENTIVE SERVICES LIST

INFORMATION UPDATE: JANUARY 2019



Affordable Care Act (ACA) coverage for preventive services

The ACA mandates that all non-grandfathered group and non-grandfathered individual health plans must provide coverage for preventive services with no member cost share when delivered by in-network providers. In accordance with this ACA requirement, Wellmark provides coverage for preventive services when they are delivered by in-network providers.

Benefit coverage and cost sharing will still apply for out-of-network services as specified by member coverage manuals. Additionally, health plans may apply cost sharing to out-of-network preventive care and use reasonable medical management techniques to help control costs and promote efficient delivery of care.

How preventive services are defined

Preventive services are defined under Section 2713 of the ACA as immunizations, screenings, and other services that are listed as recommended by the United States Preventive Services Task Force (USPSTF), the Health Resources Services Administration (HRSA), or the federal Centers for Disease Control (CDC).

The services identified by the ACA to clinicians are recommendations, not mandated services. Clinicians are best able to determine which services to provide.

Preventive services covered under the ACA

This list is not all-inclusive, and benefits are not guaranteed. It outlines benefits with zero cost share. All information is dependent upon the terms of your coverage. Please refer to your coverage manual for information about your benefits. This document was last updated in January 2019 and will be updated periodically. Information is subject to change.

ADULTS

- Abnormal blood glucose and Type 2 diabetes mellitus screening as part of a cardiovascular risk assessment for patients, aged 40 to 70, who are overweight or obese
- Alcohol misuse screening and behavioral counseling interventions
- Annual wellness examination
- Aspirin for the prevention of cardiovascular disease in men and women of certain ages (prescription required)
- Cardiovascular disease risk assessment for men and women ages 40 through 75 years old (total cholesterol, LDL-C and HDL-C)
- Colorectal cancer screening
- Depression screening
- Healthy diet and physical activity counseling for cardiovascular disease prevention in adults with cardiovascular risk factors
- Hepatitis B screening: in persons at high risk for infections
- Hepatitis C screening: for those at high risk for infection and one-time screening for adults born between 1945 and 1965
- High blood-pressure screening,* including obtaining measurements outside the clinical setting, to include ambulatory blood pressure monitoring and home blood pressure monitoring before starting treatment
- HIV screening: for all adults through age 65 and older adults who are at increased risk
- Immunizations: Hepatitis A; Hepatitis B; Herpes Zoster; Human Papillomavirus (HPV); Influenza (Flu Shot); Measles, Mumps, Rubella; Meningococcal; Pneumococcal; Tetanus, Diphtheria, Pertussis; Varicella (based on the Center of Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) please refer to the National Immunization Program [Website](#))
- Low to moderate dose statins (generic only) for men and women ages 40 through 75 years old for the prevention of cardiovascular disease events and mortality (prescription required)
- Lung cancer screening — annual computed tomography (CT) scan for at risk adults age 55–80 with a 30 pack-year history and currently smoking or have quit smoking within the past 15 years
- Obesity screening for all adults. Clinicians should refer patients with BMI of 30 kg/m² or higher to intensive, multicomponent behavior interventions, will be limited to 12 visits annually
- Screening for latent tuberculosis infection in populations at increased risk
- Sexually transmitted infections (STI) behavior counseling for adults who are at increased risk for STI
- Skin cancer counseling young adults through 24 years of age about minimizing exposure to ultraviolet radiation to reduce risk of skin cancer*
- Syphilis infection screening for non-pregnant adult at increased risk for infection
- Tobacco use screening, counseling, and cessation interventions including FDA-approved tobacco cessation medications (prescription required), counseling will be limited to 8 visits annually

MEN ONLY

- Abdominal Aortic Aneurysm: one-time screening with ultrasonography for men age 65–75 who have ever smoked

WOMEN ONLY

- BRCA Related Cancer: Risk assessment, genetic counseling and genetic testing for women who have family members with breast, ovarian, tubal or peritoneal cancer with 1 of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 and BRCA2). Women with positive screening results should receive genetic counseling and if indicated after counseling, BRCA testing
- Breast cancer medication for risk counseling for those who are at increased risk for breast cancer
- Breast cancer preventive medications for women age 35 and older who are at increased risk for breast cancer and at low risk for adverse medication effects (prescription required)
- Cervical cancer screening annually for women age 21–65
- Chlamydia screening in sexually active non-pregnant women and older non-pregnant women who are at increased risk for infection
- Contraception and contraceptive counseling: this applies to FDA-approved contraceptive methods for female of all ages
- Gonorrhea screening in sexually active non-pregnant women and older non-pregnant women who are at increased risk for infection
- HPV DNA test: women age 30 and older may receive high-risk HPV screening every three years, regardless of pap test results
- Intimate partner violence screening and provide or refer women who screen positive to interventional services*
- Osteoporosis screening in women aged 65 years and older and in younger women who fracture risk is equal to or greater than that of a 65 year old female who has no additional risk factors
- Screening mammography (2D): breast cancer screening annually for women age 35 and older
- STI and HIV screening and counseling: annual counseling on HIV and STIs for sexually active women
- Well-woman visits, including annual well-woman preventive care office visits

PREGNANT WOMEN

- Asymptomatic bacteriuria screening
- Breast feeding support and counseling from trained providers during pregnancy and/or during the postpartum period and breast feeding supplies
- Chlamydia screening
- Daily folic acid supplements for women capable of becoming pregnant (prescription required)
- Gestational diabetes screening in asymptomatic pregnant women
- Gonorrhea screening
- Hepatitis B virus infection screening at first prenatal visit
- HIV screening

*Services marked with an asterisk indicate those services that may be delivered and billed within wellness exam or well-child exam from an in-network provider.

- Iron deficiency anemia screening
- Rh (D) blood typing and antibody testing for incompatibility screening
- Syphilis infection screening
- Tobacco use screening and provide behavioral interventions for cessation

NEWBORNS/CHILDREN/ADOLESCENTS

- Alcohol and drug use assessment for adolescents*
- Annual well-child examination
- Autism screening for children through age 2 years
- Behavioral assessments for children*
- Blood pressure screening*
- Cervical dysplasia screening for sexually active females
- Dental Caries in children from birth through age 5 screening
- Depression: Major depressive disorder screening for adolescents age 12–18 years
- Developmental screening for children under age 3, and surveillance* throughout childhood
- Dyslipidemia screening for those at higher risk of lipid disorders age 1 through 17 years
- Gonorrhea, prophylactic medication for newborns
- Fluoride treatment for children under the age of 5 years (prescription required)
- Hearing screening for newborns and children, birth through age 10
- Height, weight and body mass index measurements*
- Hematocrit or hemoglobin screening through age 2 years
- Hemoglobinopathies screening: sickle cell screening for newborns, birth through 28 days
- Hepatitis B screening for adolescents at high risk, age 11 through 17 years
- HIV screening for adolescents age 15 and older, and younger adolescents who are at increased risk
- Hypothyroidism screening for newborns, birth through 28 days
- Immunizations: Diphtheria, Tetanus, Pertussis; Haemophilus influenzae type b; Hepatitis A; Hepatitis B; Human Papillomavirus; Inactive Poliovirus; Influenza (Flu Shot); Measles, Mumps, Rubella; Meningococcal; Pneumococcal; Rotavirus; Varicella. Varicella (based on the Center of Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) please refer to the National Immunization Program [Website](#).)
- Iron supplements for at risk infants 6–12 months (prescription required for full coverage)
- Lead screening for children at risk to exposure, birth through 6 years
- Medical history for all children throughout development*
- Obesity screening in children and adolescents age 6 through 17 years
- Oral health risk assessment*
- Phenylketonuria (PKU) screening for newborns, birth through 28 days
- Skin cancer counseling children and adolescents aged 10 through age 17 about minimizing exposure to ultraviolet radiation to reduce risk for skin cancer*
- STI behavioral counseling for all sexually active adolescents who are at increased risk for STIs.

- Syphilis screening in adolescents who are at increased risk for infection
- Tobacco use interventions includes education and brief counseling to prevent the initiation of tobacco use among school aged children and adolescents
- Tuberculin testing for children at higher risk of Tuberculosis, birth through age 17 years
- Vision screening to detect amblyopia or its risks for children age 1 through 5 years
- Visual acuity screening in children and adolescents, age 3 through 16 years

ADDITIONAL INFORMATION:

- Routine preventive services are routine healthcare services that prevent illness, disease or other health problems before symptoms occur.
- For those preventive services listed above that indicate “high risk” or “increased risk,” the member should consult with their attending physician to determine if applicable.
- For transgender individuals, sex-specific preventive care services are covered when considered medically appropriate by the attending physician.
- Age, gender and visit limitations may apply.
- Wellmark will apply its standard medical management policies and procedures as specifically mentioned and allowed under the ACA.
- Prior authorization policies for selected services will remain in place.
- Members of Wellmark Health Plan of Iowa and Wellmark Value Health Plan are required to receive most preventive services from their designated primary care practitioners.
- Claims for covered immunizations, whether submitted and paid under a Blue Rx plan or health plan, are covered with no member cost share.
- Benefits are contingent upon accurate claims submission by the provider, including diagnosis and procedure codes.
- Self-funded groups may have selected different benefits. Always consult your coverage manual for specific coverage details.
- Employer groups may elect to follow ACA preventive services as their preventive benefits

FOR MORE INFORMATION SEE:

The United States Preventive Services Task Force is a federal agency that makes its recommendations on the basis of explicit criteria. Recommendations issued by the USPSTF are intended for use in the primary care setting. The Task Force recommendation statements present health care providers with information about the evidence behind each recommendation, allowing clinicians to make informed decisions about implementation. Wellmark consults with the Task Force regularly to determine how preventive services may be covered.

The Health Resources and Services Administration (HRSA) is an agency of the U.S. Department of Health and Human Services, (HHS) is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable.

The Centers for Disease Control and Prevention is one of the major operating components of the Department of Health and Human Services, CDC’s Mission is to collaborate to create the expertise, information, and tools that people and communities need to protect their health — through health promotion, prevention of disease, injury and disability, and preparedness for new health threats.

Bright Futures is a national health promotion and prevention initiative led by the American Academy of Pediatrics. The Bright Future Guidelines provide theory-based and evidence-based driven guidelines for all preventive care screening and well child visits.

Required Federal Accessibility and Nondiscrimination Notice

Discrimination is against the law

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Wellmark does not exclude people or treat them differently because of their race, color, national origin, age, disability or sex.

Wellmark provides:

- Free aids and services to people with disabilities so they may communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call 800-524-9242. If you believe that Wellmark has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Wellmark Civil Rights Coordinator, 1331 Grand Avenue, Station 5W189, Des Moines, IA 50309-2901, 515-376-4500, TTY 888-781-4262, Fax 515-376-9073, Email CRC@Wellmark.com. You can file a grievance in person, by mail, fax or email. If you need help filing a grievance, the Wellmark Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone or fax at: U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F, HHH Building, Washington DC 20201, 800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Xin hãy liên hệ 800-524-9242 hoặc (TTY: 888-781-4262).

NAPOMENA: Ako govorite hrvatski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte 800-524-9242 ili (tekstualni telefon za osobe oštećena sluha: 888-781-4262).

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية، المجانية. اتصل بالرقم 800-524-9242 أو (خدمة الهاتف النصي: 888-781-4262).

ສິ່ງຄວນເອົາໃຈໃສ່, ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ຕິດຕໍ່ທີ. (TTY: 888-781-4262.)

주의: 한국어 를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262)번으로 연락해 주십시오.

ध्यान रखें : अगर आपकी भाषा हिन्दी है, तो आपके लिए भाषा सहायता सेवाएँ, नि:शुल्क उपलब्ध हैं। 800-524-9242 पर संपर्क करें या (TTY: 888-781-4262)।

ATTENTION : si vous parlez français, des services d'assistance dans votre langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).

Geb Acht: Wann du Deutsch schwetze duscht, kannscht du Hilf in dei eegni Schprooch koschdefrei griege. Ruf 800-524-9242 odder (TTY: 888-781-4262) uff.

โปรดทราบ: หากคุณพูด ไทย เรายังบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่คิดค่าใช้จ่าย ติดต่อ 800-524-9242 หรือ (TTY: 888-781-4262)

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyong tulong sa wika na walang bayad. Makipag-ugnayan sa 800-524-9242 o (TTY: 888-781-4262).

တောင်းဆိုပါ—နမူနာတစ်ကောင်ကို. ကိုယ်တော်တော်မေးတာတစ်ခု, လာတာတစ်ခုလဲ. ဆိုလားနီလိ. ဆဲးကိုးသူ ၈၀၀-၅၂၄-၉၂၄ (TTY: ၈၈၈-၇၈၁-၄၂၆) တာကို.

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обращайтесь 800-524-9242 (телетайп: 888-781-4262).

सावधान: यदि तपाईं नेपाली बोलुहुन्छ भने, तपाईंका लागि नि:शुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध गराइन्छ। 800-524-9242 वा (TTY: 888-781-4262) मा सम्पर्क गर्नुहोस्।

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HEETINA To a wolwa Fulfulde laabi walliinde dow wolde, naa e njobdi, ene ngoodi ngam maada. Hebir 800-524-9242 malla (TTY: 888-781-4262).

FUULEFFANNA: Yo isin Oromiffaa, kan dubbattan taatan, tajaajiloonni gargaarsa afaanii, kaffaltii malee, isiniif ni jiru. 800-524-9242 yookin (TTY: 888-781-4262) quunnaamaa.

УВАГА! Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мовної підтримки. Зателефонуйте за номером 800-524-9242 або (телетайп: 888-781-4262).

Ge': Diné k'éhjí yánítí'go níká bizaad bee áká' adoowoł, t'áá jiik'éé, náhóló. Kojí' hólne' 800-524-9242 doodaii' (TTY: 888-781-4262)

Wellmark is not providing any legal advice with regard to compliance with the requirements of the Affordable Care Act (ACA) or the Mental Health Parity Addiction Equity Act (MHPAEA). Regulations and guidance on specific provisions of the ACA and MHPAEA have been and will continue to be provided by the U.S. Department of Health and Human Services (HHS) and/or other agencies. The information provided reflects Wellmark's understanding of the most current information and is subject to change without further notice. Please note that plan benefits, rates, renewal rate adjustments, and rating impact calculations are subject to change and may be revised during a plan's rating period based on guidance and regulations issued by HHS or other agencies. Wellmark makes no representation as to the impact of plan changes on a plan's grandfathered status or interpretation or implementation of any other provisions of ACA. Any questions about Wellmark's approach to the ACA or MHPAEA may be referred to your Wellmark account representative. Wellmark will not determine whether coverage is discriminatory or otherwise in violation of Internal Revenue Code Section 105(h). Wellmark also will not provide any testing for compliance with Internal Revenue Code Section 105(h). Wellmark will not be held liable for any penalties or other losses resulting from any employer offering coverage in violation of section 105(h). Wellmark will not determine whether any change in an Employer Administered Funding Arrangement affects a health plan's grandfathered health plan status under ACA or otherwise complies with ACA. Wellmark will not be held liable for any penalties or other losses resulting from any Employer Administered Funding Arrangement. For purposes of this paragraph, an "Employer Administered Funding Arrangement" is an arrangement administered by an employer in which the employer contributes toward the member's share of benefit costs (such as the member's deductible, coinsurance, or copayments) in the absence of which the member would be financially responsible. An Employer Administered Funding Arrangement does not include the employer's contribution to health insurance premiums or rates.

