

Your Guide to Consumer Driven Health Plan (CDHP) **Wellness Benefits**



Wellness/Preventive Services Benefit Summary

for

The PEBP Consumer Driven Health PPO Plan (CDHP)

This Wellness/Preventive Summary Document does not replace the benefits, plan limitations or exclusions described in the PEBP Medical and Prescription Drug Master Plan Document (MPD). In case of any discrepancies, the MPD takes precedence.

The safest and most effective way to treat an illness is to prevent it from happening. An important PEBP Self-funded Consumer Driven Health Plan (CDHP) benefit is coverage of wellness/preventive services and lifestyle education in order to aid participants in working with their physicians to maintain good health. PEBP has made several tools available to participants for customizing their care and providing opportunities to achieve goals and success in healthcare.

As the average participant age increases, wellness/preventive screening tests such as colonoscopies, hearing tests, skin cancer examinations, and hypertension evaluation should be considered as part of your preventive medicine schedule. Participants should consult with their physicians to determine what their individual screening needs might be. The charts contained in this document include recommendations by the Centers for Disease Control (CDC) and the United States Preventive Services Task Force (USPSTF).

Note: Participants should consult with the third party administrator (TPA) listed in the Participant Contact Guide located in this document to learn if a particular screening test, wellness/preventive evaluation or lifestyle education course is covered.

Unless otherwise noted, wellness/preventive benefits are only available when participating PPO providers such as physicians, pharmacies, radiologist and laboratories are used.

- Typically, wellness/preventive screening benefits are for well care only, meaning that any office visit, test or procedure done that is related to a known or present medical condition may be considered as a regular medical claim and processed accordingly with deductible and coinsurance.
- Your physician or other healthcare provider must submit a preventive/wellness screening diagnosis code (ICD-9) as the primary diagnosis for the claim to be considered a wellness/preventive medical service.
- If your healthcare provider does not submit the claim to the TPA with a preventive/wellness diagnosis as the primary reason for the visit or medical service, the claim may be processed under the annual deductible and coinsurance.

Many vaccines may also be administered through the Prescription Drug Benefit with certain pharmacies such as Walgreens, Wal-Mart, COSTCO and CVS. For information regarding the types of vaccines available at certain contracted pharmacies, PEBP suggests that you contact your local pharmacy.

For more information regarding preventive/wellness care recommendations and immunizations for you and your family, please visit the U.S. Department of Health and Human Services website at <http://www.hhs.gov/healthcare/prevention/index.html>.

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Schedule of Immunization Benefits

As Recommended by the Centers for Disease Control (CDC)

Immunization	Pediatric/Adolescent	Adult	In-Network Coverage	Out-of-Network Coverage
Diphtheria, Tetanus, Pertussis Series DTaP	<ul style="list-style-type: none"> • 2 months of age • 4 months of age • 6 months of age • 15 - 18 months of age • 4 - 6 years of age • 11 - 12 years of age 	Get a DTap vaccine once, then a Td booster vaccine every 10 years.	100% of In-Network medical provider or pharmacy contracted rate	No coverage provided
Haemophilus influenza type b Series Hib	<ul style="list-style-type: none"> • 2 months of age • 4 months of age • 6 months of age • 12 - 15 months of age 	Not Recommended by the CDC.	100% of In-Network medical provider contracted rate	No coverage provided
Hepatitis A Vaccine Series Hep A	<ul style="list-style-type: none"> • 12 - 23 months of age (1st dose) • 6 - 18 months after 1st dose for the 2nd dose 	Recommended for adults with certain risks related to their health, job or lifestyle that put them at higher risk for serious diseases. Talk to your healthcare professional to see if you are at higher risk.	100% of In-Network medical provider or pharmacy contracted rate	No coverage provided

Many vaccines may also be administered through the Prescription Drug Benefit with certain pharmacies. Contact the Pharmacy Benefits Manager listed in the Participant Contact Guide and ask for a list of participating pharmacies to include the types of immunizations they may administer or contact your local pharmacy for immunization information.

Schedule of Immunization Benefits

As Recommended by the Centers for Disease Control (CDC)

Immunization	Pediatric/Adolescent	Adult	In-Network Coverage	Out-of-Network Coverage
Hepatitis B Vaccine Series Hep B	<ul style="list-style-type: none"> • Birth • 1 - 2 months of age • 6 - 18 months of age 	Recommended for adults with certain risks related to their health, job or lifestyle that put them at higher risk for serious diseases. Talk to your healthcare professional to see if you are at higher risk.	100% of In-Network medical provider or pharmacy contracted rate	No coverage provided
Herpes Zoster Shingles Vaccine (Zostavax)	Not Recommended by the CDC.	Recommended for individuals over age 60 years or as recommended by physician.	100% of In-Network medical provider or pharmacy contracted rate	No coverage provided

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Schedule of Immunization Benefits

As Recommended by the Centers for Disease Control (CDC)

Immunization	Pediatric/Adolescent	Adult	In-Network Coverage	Out-of-Network Coverage
Human Papillomavirus HPV- Female	<ul style="list-style-type: none"> • Young females can be as early as age 9 years. • Recommended at age 11-12 years, and should be done at any time from ages 13-19 years if not done at ages 11-12 years. 	Recommended for all adult females (ages 19-26) who have not been vaccinated, unless your healthcare professional tells you that you cannot safely receive the vaccine or that you do not need it.	100% of In-Network medical provider or pharmacy contracted rate	No coverage provided
Human Papillomavirus HPV- Male	<ul style="list-style-type: none"> • Young males can be as early as age 9 years. • Recommended at age 11 - 12 years, and age 13 - 21 years, who did not get any or all of the previously recommended doses. 	Recommended for all adult males (ages 19-21) who have not been vaccinated, unless your healthcare professional tells you that you cannot safely receive the vaccine or that you do not need it.	100% of In-Network medical provider or pharmacy contracted rate	No coverage provided

Many vaccines may also be administered through the Prescription Drug Benefit with certain pharmacies. Contact the Pharmacy Benefits Manager listed in the Participant Contact Guide and ask for a list of participating pharmacies to include the types of immunizations they may administer or contact your local pharmacy for immunization information.

Schedule of Immunization Benefits

As Recommended by the Centers for Disease Control (CDC)

Immunization	Pediatric/Adolescent	Adult	In-Network Coverage	Out-of-Network Coverage
Influenza (vaccine or mist)	Annually for all children and infants over 6 months of age and without serious egg allergies as recommended by the CDC. Children under the age of 9 years may require more than one dose.	Annually for all ages as recommended by the CDC.	100% of In-Network medical provider or pharmacy contracted rate	No coverage provided
Measles, Mumps & Rubella Vaccine Series MMR	<ul style="list-style-type: none"> • 12 - 15 months of age • 4 - 6 years of age 	Recommended for all adults (age 19 - 55 years) who have not been vaccinated.	100% of In-Network medical provider or pharmacy contracted rate	No coverage provided
Meningococcal Vaccine MenACWY	<ul style="list-style-type: none"> • 11 - 12 years of age • Booster at 16 years of age 	The vaccine is recommended by the CDC for adults with certain risks related to their health, job or lifestyle that put them at higher risk for serious diseases. Talk to your healthcare professional to see if you are at higher risk.	100% of In-Network medical provider contracted rate	No coverage provided

Many vaccines may also be administered through the Prescription Drug Benefit with certain pharmacies. Contact the Pharmacy Benefits Manager listed in the Participant Contact Guide and ask for a list of participating pharmacies to include the types of immunizations they may administer or contact your local pharmacy for immunization information.

Schedule of Immunization Benefits

As Recommended by the Centers for Disease Control (CDC)

Immunization	Pediatric/Adolescent	Adult	In-Network Coverage	Out-of-Network Coverage
Pneumococcal Vaccine Series PCV	<ul style="list-style-type: none"> • 2 months of age • 4 months of age • 6 months of age • 12 - 15 months of age 	As recommended by the CDC or your physician.	100% of In-Network medical provider or pharmacy contracted rate	No coverage provided
Pneumococcal Vaccine PPSV23 PCV13	Not recommended by the CDC.	Adults 65 years of age and older who lack documentation of vaccination or have no evidence of previous infection.	100% of In-Network medical provider or pharmacy contracted rate	No coverage provided
Polio Vaccine Series IPV	<ul style="list-style-type: none"> • 2 months of age • 4 months of age • 6 - 18 months of age • 4 - 6 years of age • 7 - 18 years of age if catching-up on missed vaccines 	<ul style="list-style-type: none"> • Adults who have never been vaccinated against polio. • Adults who have previously been vaccinated for Polio and will be traveling to areas of the world where polio is common should consult with their physician about receiving an additional dose of the vaccine. 	100% of In-Network medical provider or pharmacy contracted rate	No coverage provided

Many vaccines may also be administered through the Prescription Drug Benefit with certain pharmacies. Contact the Pharmacy Benefits Manager listed in the Participant Contact Guide and ask for a list of participating pharmacies to include the types of immunizations they may administer or contact your local pharmacy for immunization information.

Schedule of Immunization Benefits

As Recommended by the Centers for Disease Control (CDC)

Immunization	Pediatric/Adolescent	Adult	In-Network Coverage	Out-of-Network Coverage
Rotavirus Series RV	<ul style="list-style-type: none"> • 2 months of age • 4 months of age • 6 months of age 	Not recommended by the CDC.	100% of In-Network medical provider contracted rate	No coverage provided
Varicella Vaccine Series Chickenpox	<ul style="list-style-type: none"> • Varicella recommended for children who have not had chickenpox • 12 - 15 months of age • 4 - 6 years of age 	Recommended for all adults who have not been vaccinated, unless your healthcare provider tells you that you cannot safely receive the vaccine or that you do not need it.	100% of In-Network medical provider or pharmacy contracted rate	No coverage provided

NOTE: Travel Immunizations such as Yellow Fever, Japanese Encephalitis, Typhoid, Rabies, etc. are typically administered by your local health department but can be administered at certain pharmacies. Please contact your local health department or in-network pharmacy to schedule a consultation. If you receive travel immunizations at your local health department you will be required to pay for these services up front but will be eligible for reimbursement through the Third Party Administrator. Please submit the itemized receipt to the Third Party Administrator and include the name and address of the local health department, the applicable CPT code, and the applicable diagnosis code (ICD-9) and attach the receipt to a completed [claim form](https://pebp.state.nv.us/wp-content/uploads/2016/03/CDHP_HealthSCOPE_medical_Claim_Form.pdf) available at https://pebp.state.nv.us/wp-content/uploads/2016/03/CDHP_HealthSCOPE_medical_Claim_Form.pdf.

Many vaccines may also be administered through the Prescription Drug Benefit with certain pharmacies. Contact the Pharmacy Benefits Manager listed in the Participant Contact Guide and ask for a list of participating pharmacies to include the types of immunizations they may administer or contact your local pharmacy for immunization information.

Adult Wellness and Preventive Screening Benefits
As Recommended by the Centers for Disease Control (CDC)

Exam	How Often	In-Network Coverage	Out-of-Network Coverage
Blood Pressure	Annually	100% of In-Network provider contracted rate	No coverage provided
Blood Sugar (Glucose)	Annually	100% of In-Network provider contracted rate	No coverage provided
Bone Density Exam	As needed beginning at age 50 years or earlier if risk factors for osteoporosis is present.	100% of In-Network provider contracted rate	No coverage provided
Cholesterol	Annually	100% of In-Network provider contracted rate	No coverage provided

**Adult Wellness and Preventive Screening Benefits
As Recommended by the Centers for Disease Control (CDC)**

Exam	How Often	In-Network Coverage	Out-of-Network Coverage
Clinical skin exam	Annually beginning at age 18 years.	100% of In-Network provider contracted rate	No coverage provided
Colonoscopy	Every 10 years if low risk beginning at age 50 years. Individuals with a family history of colon cancer may receive this service before age 50 years and at a frequency determined by their physician. PEBP and its Third Party Administrator have the discretionary authority to determine the frequency of screening colonoscopies based on medical necessity provided by the participant's physician.	100% of In-Network provider contracted rate	No coverage provided
Depression Screening /Stress Management	Annually, if needed.	100% of In-Network provider contracted rate	No coverage provided

**Adult Wellness and Preventive Screening Benefits
As Recommended by the Centers for Disease Control (CDC)**

Exam	How Often	In-Network Coverage	Out-of-Network Coverage
Electrocardiogram	Annually	100% of In-Network provider contracted rate	No coverage provided
Fecal Occult Blood	As recommended by the CDC beginning at age 50 years	100% of In-Network provider contracted rate	No coverage provided
Hearing exam	Annually	100% of In-Network provider contracted rate	Hearing exam
Height and Weight	Annually	100% of In-Network provider contracted rate	No coverage provided
Sigmoidoscopy	As recommended by the CDC beginning at age 50 years	100% of In-Network provider contracted rate	No coverage provided

Adult Wellness and Preventive Screening Benefits
As Recommended by the Centers for Disease Control (CDC)

Exam	How Often	In-Network Coverage	Out-of-Network Coverage
Tobacco use counseling and interventions	The USPSTF recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products. (See the Tobacco/ Cessation Section of this document for limitations) Annually, if needed.	100% of In-Network provider contracted rate	No coverage provided
Vision Care	<p>One vision screening exam per plan year. Hardware such as but not limited to, contact lenses, lenses and frames are not covered.</p> <p>PEBP does not maintain a network specific to vision care; however, the PPO Network does have a list of some vision providers. Providers selected from the in network provider search will be paid at 100% PPO. Out of network providers will be paid at the Usual & Customary allowable under Wellness/Preventive. See the PEBP MPD for the definition of Usual and Customary.</p>	100% of In-Network provider contracted rate	100% Usual & Customary

**Schedule of Adult Female Wellness and Preventive Benefits
As Recommended by the Centers for Disease Control (CDC)**

Exam	How Often	In-Network Coverage	Out-of-Network Coverage
Breast Cancer Mammography Screening	Every 1-2 years over age 40 years or as recommended by your physician.	100% of In-Network provider contracted rate	No coverage provided
Bone Density Exam	As needed beginning at age 50 years or earlier if risk factors for osteoporosis is present.	100% of In-Network provider contracted rate	No coverage provided
Clinical Breast Exam, Pelvic Exam & Pap Smear	Annually or as recommended by your physician.	100% of In-Network provider contracted rate	No coverage provided

NOTE: Some screening frequencies are recommended by the Centers for Disease Control (CDC), while others are recommended by Health and Human Services (HHS) and/or the US Preventive Services Task Force (USPSTF).

Schedule of Adult Male Wellness and Preventive Benefits

As Recommended by the Centers for Disease Control (CDC)

Exam	How Often	In-Network Coverage	Out-of-Network Coverage
Abdominal aortic aneurysm screening	One-time screening for abdominal aortic aneurysm by ultrasonography in men age 65 to 75 years who have ever smoked.	100% of In-Network provider contracted rate	No coverage provided
Prostate Specific Antigen (PSA)/Digital Rectal Examination	Annually beginning at age 50 years or as recommended by your physician.	100% of In-Network provider contracted rate	No coverage provided

Schedule of Pediatric Wellness and Preventive Benefits
As Recommended by the Centers for Disease Control (CDC)

Exam	How Often	In-Network Coverage	Out-of-Network Coverage
Infant to Toddler Height and Weight Head circumference	Birth to 18 months as scheduled by your pediatrician.	100% of In-Network provider contracted rate	No coverage provided
Infant to Toddler Recommended Well Visits	Birth-15 months: at least 6 visits 15- 24 months: 3 visits Or as scheduled by your pediatrician.	100% of In-Network provider contracted rate	No coverage provided
Toddler to Preschooler Recommended Well Visits for Height, Weight, Blood Pressure & Eye Exam	Annually for ages 2-6 years or as scheduled by your pediatrician.	100% of In-Network provider contracted rate	No coverage provided
Middle Childhood Recommended Well Visits for Height, Weight & Blood Pressure	Annually for ages 7-12 years or as scheduled by your pediatrician.	100% of In-Network provider contracted rate	No coverage provided
Middle Childhood Anticipatory Guidance	For ages 7-12 years: Diet and exercise, injury prevention (safety belts and bicycle helmets), home safety (firearms, matches, pool safety, drug and chemical storage, smoke detectors) and skin protection from ultraviolet light.	100% of In-Network provider contracted rate	No coverage provided

Schedule of Pediatric Wellness and Preventive Benefits
As Recommended by the Centers for Disease Control (CDC)

Exam	How Often	In-Network Coverage	Out-of-Network Coverage
Teenager Recommended Well Visits for Height, Weight & Blood Pressure	Annually for ages 13-18 years or as scheduled by your pediatrician.	100% of In-Network provider contracted rate	No coverage provided
Teenager Anticipatory Guidance	For ages 13-18 years: Diet and exercise, substance abuse (tobacco, alcohol, and other drugs), sexual practices (pregnancy, STD's), injury prevention (safety belts, safety helmets, firearms, violent behavior), dental health, skin protection for ultraviolet light and suicide risk factors.	100% of In-Network provider contracted rate	No coverage provided

Schedule of Pediatric Wellness and Preventive Benefits
As Recommended by the Centers for Disease Control (CDC)

Exam	How Often	In-Network Coverage	Out-of-Network Coverage
Vision Care	<p>One vision screening exam per plan year. Hardware such as but not limited to, contact lenses, lenses and frames are not covered.</p> <p>PEBP does not maintain a network specific to vision care; however, the PPO Network does have a list of some vision providers. Providers selected from the in network provider search will be paid at 100% PPO. Out of network providers will be paid at the Usual & Customary allowable under Wellness/Preventive. See the PEBP MPD for the definition of Usual and Customary.</p>	100% of In-Network provider contracted rate	100% Usual & Customary

Tobacco/ Smoking Cessation

Prescription and over-the-counter tobacco/smoking cessation products are covered under the Prescription Drug program.

You may obtain over-the-counter tobacco/smoking cessation products through the Prescription Drug Benefit by presenting your physician's written prescription to your local in-network pharmacy or you can submit your purchase receipt for the product with your physician's written prescription attached to the Prescription Drug Reimbursement Claim Form (this form is located at www.pebp.state.nv.us); submit the form, written prescription and your receipt to the Pharmacy Benefits Manager whose name and address is located in the Participant Contact Guide. The table on the following page provides you with important suggestions for the Clinical Use of Pharmacotherapies for Tobacco/Smoking Cessation with identified first-line Pharmacotherapies provided by the Surgeon General's Office and approved by the FDA. Talk to your physician about second-line therapies such as clonidine hydrochloride and nortriptyline hydrochloride that are sometimes used in the management of tobacco/smoking-cessation; however, the lack of an FDA-approved indication for smoking cessation, as well as undesirable side effect profiles, currently prohibit these agents from achieving first-line classification.

NOTE: PEBP does not pay benefits for the use of electronic cigarettes.

Schedule of Benefits for Tobacco/Smoking Cessation

As Recommended by the Surgeon General's Office

Pharmacotherapy	Duration	In-Network Coverage	Out-of-Network Coverage
Bupropion SR	7-12 weeks maintenance up to 6 months, or as advised by your physician	100% of In-Network pharmacy contracted rate	No coverage provided
Chantix	3-6 months, or as advised by your physician	100% of In-Network pharmacy contracted rate	No coverage provided
Nicotine Inhaler	Up to 6 months, or as advised by your physician	100% of In-Network pharmacy contracted rate	No coverage provided
Nicotine Nasal Spray	3-6 months, or as advised by your physician	100% of In-Network pharmacy contracted rate	No coverage provided
Commit Lozenge	Up to 12 weeks, or as advised by your physician	Over-the-counter product paid at 100% & must be accompanied by physician written prescription and product itemized receipt.	
Nicotine Gum	Up to 12 weeks, or as advised by your physician	Over-the-counter product paid at 100% & must be accompanied by physician written prescription and product itemized receipt.	
Nicotine Patch	1) 4 weeks 2) then 2 weeks 3) then 2 weeks or as advised by your physician	Over-the-counter product paid at 100% & must be accompanied by physician written prescription and product itemized receipt.	

USPSTF Recommended Preventive Services

United States Preventive Services Task Force

Service	Recommendation	In-Network Coverage	Out-of-Network Coverage
Abdominal aortic aneurysm screening for men	One-time screening for abdominal aortic aneurysm by ultrasonography in men age 65 to 75 years who have ever smoked.	100% of In-Network medical provider contracted rate	No coverage provided
Alcohol misuse counseling	Screening to reduce alcohol misuse by adults, including pregnant women, in primary care settings.	100% of In-Network medical provider contracted rate	No coverage provided
Anemia screening for pregnant women	Routine screening for iron deficiency anemia in asymptomatic pregnant women.	100% of In-Network medical provider contracted rate	No coverage provided
Aspirin to prevent CVD for men	Age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.	You may obtain aspirin through the prescription drug benefit by presenting your physician's written prescription to your local in-network pharmacy or you can submit your purchase receipt for the aspirin along with your physician's written prescription attached to a Prescription Drug Reimbursement Claim Form (this form is located at www.pebp.state.nv.us).	

USPSTF Recommended Preventive Services

United States Preventive Services Task Force

Service	Recommendation	In-Network Coverage	Out-of-Network Coverage
Aspirin to prevent CVD for women	Age 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage.	You may obtain aspirin through the prescription drug benefit by presenting your physician's written prescription to your local in-network pharmacy or you can submit your purchase receipt for the aspirin along with your physician's written prescription attached to a Prescription Drug Reimbursement Claim Form (this form is located at www.pebp.state.nv.us).	
Bacteriuria screening for pregnant women	Screening with urine culture for pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.	100% of In-Network medical provider contracted rate	No coverage provided
Blood pressure screening for adults	Screening for high blood pressure in adults age 18 years and older.	100% of In-Network medical provider contracted rate	No coverage provided
BRCA screening and counseling	Women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes should be referred for genetic counseling and evaluation for BRCA testing.	100% of In-Network medical provider contracted rate	No coverage provided

USPSTF Recommended Preventive Services

United States Preventive Services Task Force

Service	Recommendation	In-Network Coverage	Out-of-Network Coverage
Breast cancer preventive medication	Clinicians should discuss chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention. Clinicians should inform patients of the potential benefits and harms of chemoprevention.	If your In-Network physician prescribes a chemopreventive medication, you may obtain the medication through the prescription drug benefit by presenting your physician's written prescription to your local in-network pharmacy. If you chose to use an Out-of-Network medical provider, the cost for using the Out-of-Network medical provider will not be considered by payment under the PEBP CDHP.	
Breast cancer mammography screening	Screening mammography for women, with or without clinical breast examination, every 1-2 years for women age 40 years and older.	100% of In-Network medical provider contracted rate	No coverage provided
Breastfeeding counseling	Interventions during pregnancy and after birth to promote and support breastfeeding.	100% of In-Network medical provider contracted rate	No coverage provided
Cervical cancer screening	Screening for cervical cancer in women who have been sexually active and have a cervix.	100% of In-Network medical provider contracted rate	No coverage provided

USPSTF Recommended Preventive Services
United States Preventive Services Task Force

Service	Recommendation	In-Network Coverage	Out-of-Network Coverage
Chlamydial infection screening for non-pregnant women	Screening for chlamydial infection for all sexually active non-pregnant young women age 24 years and younger and for older non-pregnant women who are at increased risk.	100% of In-Network medical provider contracted rate	No coverage provided
Chlamydial infection screening for pregnant women	Screening for chlamydial infection for all pregnant women age 24 years and younger and for older pregnant women who are at increased risk.	100% of In-Network medical provider contracted rate	No coverage provided
Cholesterol abnormalities screening for men age 35 years and older	Screening for lipid disorders.	100% of In-Network medical provider contracted rate	No coverage provided
Cholesterol abnormalities screening for men younger than 35 years of age	Screening men age 20 to 35 years for lipid disorders if an increased risk for coronary heart disease is indicated.	100% of In-Network medical provider contracted rate	No coverage provided
Cholesterol abnormalities screening for women age 45 years and older	Screening for lipid disorders.	100% of In-Network medical provider contracted rate	No coverage provided

USPSTF Recommended Preventive Services

United States Preventive Services Task Force

Service	Recommendation	In-Network Coverage	Out-of-Network Coverage
Cholesterol abnormalities screening for women younger than 45 years of age	Screening women age 20 to 45 years for lipid disorders if an increased risk for coronary heart disease is indicated.	100% of In-Network medical provider contracted rate	No coverage provided
Colorectal cancer screening	Screening using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years continuing until age 75 years. The risks and benefits of these screening methods vary.	100% of In-Network medical provider contracted rate	No coverage provided
Dental caries chemoprevention for preschool children	Primary care clinicians should prescribe oral fluoride supplementation at currently recommended doses to preschool children older than 6 months of age whose primary water source is deficient in fluoride.	You may obtain an oral fluoride supplement through the prescription drug benefit by presenting your physician's written prescription to your local In-Network pharmacy or you can submit your purchase receipt for the oral fluoride supplement along with your physician's written prescription attached to a Prescription Drug Reimbursement Claim Form (this form is located at www.pebp.state.nv.us).	
Depression screening for adolescents	Screening of adolescents (12-18 years of age) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal).	100% of In-Network medical provider contracted rate	No coverage provided

USPSTF Recommended Preventive Services

United States Preventive Services Task Force

Service	Recommendation	In-Network Coverage	Out-of-Network Coverage
Depression screening for adults	Screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment.	100% of In-Network medical provider contracted rate	No coverage provided
Diabetes screening	Screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.	100% of In-Network medical provider contracted rate	No coverage provided
Folic acid supplementation (oral)	All women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.	You may obtain an oral folic acid supplement through the prescription drug benefit by presenting your physician's written prescription to your local In-Network pharmacy or you can submit your purchase receipt for the oral folic acid supplement along with your physician's written prescription attached to a Prescription Drug Reimbursement Claim Form (this form is located at www.pebp.state.nv.us).	

USPSTF Recommended Preventive Services

United States Preventive Services Task Force

Service	Recommendation	In-Network Coverage	Out-of-Network Coverage
Gonorrhea prophylactic medication for newborns	Prophylactic ocular topical medication for all newborns against gonococcal ophthalmia neonatorum.	100% of In-Network medical provider contracted rate	No coverage provided
Gonorrhea screening for women	Clinicians should screen all sexually active women, including pregnant women, if they are at an increased risk for infection (that is, if they are young or have other individual or population risk factors).	100% of In-Network medical provider contracted rate	No coverage provided
Healthy diet counseling	Dietary counseling for adults and children with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.	100% of In-Network medical provider contracted rate. The frequency of healthy diet counseling sessions is limited to medical necessity. Please contact PEBP's TPA for frequency determination.	No coverage provided
Hearing loss screening for newborns	Screening for hearing loss in all newborn infants.	100% of In-Network medical provider contracted rate	No coverage provided

USPSTF Recommended Preventive Services

United States Preventive Services Task Force

Service	Recommendation	In-Network Coverage	Out-of-Network Coverage
Hemoglobinopathies screening for newborns	Screening for sickle cell disease in newborns.	100% of In-Network medical provider contracted rate	No coverage provided
Hepatitis B screening for pregnant women	Screening for hepatitis B virus infection at the first prenatal visit.	100% of In-Network medical provider contracted rate	No coverage provided
Hepatitis C screening	Screening for hepatitis C virus infection for persons at high risk for infection and adults born between 1945 and 1965.	100% of In-Network medical provider contracted rate	No coverage provided
HIV screening	Clinicians should screen for human immunodeficiency virus (HIV) all adolescents and adults at increased risk for HIV infection.	100% of In-Network medical provider contracted rate	No coverage provided
Hypothyroidism screening for newborns	Screening for congenital hypothyroidism in newborns.	100% of In-Network medical provider contracted rate	No coverage provided

USPSTF Recommended Preventive Services

United States Preventive Services Task Force

Service	Recommendation	In-Network Coverage	Out-of-Network Coverage
Iron supplementation for children (oral)	Routine iron supplementation for asymptomatic children age 6 to 12 months who are at increased risk for iron deficiency anemia.	You may obtain an oral iron supplement through the prescription drug benefit by presenting your physician's written prescription to your local In-Network pharmacy or you can submit your purchase receipt for the oral iron supplement along with your physician's written prescription attached to a Prescription Drug Reimbursement Claim Form (this form is located at www.pebp.state.nv.us).	
Obesity screening for adults	Clinicians should screen all adult patients for obesity to promote sustained weight loss for obese adults.	100% of In-Network medical provider contracted rate	No coverage provided
Obesity screening for children	Clinicians should screen children age 6 years and older for obesity to promote improvement in weight status.	100% of In-Network medical provider contracted rate	No coverage provided
Osteoporosis screening for women	Screening should begin at age 60 years for women at an increased risk for osteoporotic fractures. Women age 65 years and older should be screened routinely for osteoporosis.	100% of In-Network medical provider contracted rate	No coverage provided

USPSTF Recommended Preventive Services

United States Preventive Services Task Force

Service	Recommendation	In-Network Coverage	Out-of-Network Coverage
Prenatal care	Some preventive prenatal services such as obstetrical office visits, screening for gestational diabetes, blood type and Rh lab services and ultrasounds for female employees, female spouses and female dependent children may be covered under the Preventive Care benefit. The preventive benefit does not include delivery of the newborn(s). Contact the Claims Administrator listed in the Participant Contact Guide section of the Medical Master Plan Document for additional information.	100% of In-Network medical provider contracted rate	No coverage provided
PKU screening for newborns	Screening for phenylketonuria (PKU) in newborns.	100% of In-Network medical provider contracted rate	No coverage provided
Rh incompatibility screening for pregnant women First Pregnancy Visit	Rh (D) blood typing and antibody testing during the first visit for pregnancy-related care.	100% of In-Network medical provider contracted rate	No coverage provided
Rh incompatibility screening Pregnant women 24-28 Weeks Gestation	Repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.	100% of In-Network medical provider contracted rate	No coverage provided

USPSTF Recommended Preventive Services
United States Preventive Services Task Force

Service	Recommendation	In-Network Coverage	Out-of-Network Coverage
Sexually Transmitted Infections counseling (STIs)	Behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs.	100% of In-Network medical provider contracted rate	No coverage provided
Tobacco use counseling and interventions for men and non-pregnant women	Clinicians should ask about tobacco use and provide tobacco cessation interventions for those who use tobacco products. (See the Tobacco/ Cessation Section of this document for limitations)	100% of In-Network medical provider contracted rate	No coverage provided
Tobacco use counseling for pregnant women	Clinicians ask about tobacco use and provide augmented, pregnancy-tailored counseling to those who smoke. (See the Tobacco/ Cessation Section of this document for limitations)	100% of In-Network medical provider contracted rate	No coverage provided
Syphilis screening for men and non-pregnant women	Clinicians should screen persons who are at an increased risk for syphilis infection.	100% of In-Network medical provider contracted rate	No coverage provided
Syphilis screening for pregnant women	Clinicians should screen all pregnant women for syphilis infection.	100% of In-Network medical provider contracted rate	No coverage provided
Visual acuity screening in children	Screening to detect amblyopia, strabismus, and defects in visual acuity in children younger than age 5 years.	100% of In-Network medical provider contracted rate	No coverage provided

Participant Contact Guide

Consumer Driven Health Plan Medical, Vision and Dental Contacts	Service
<p>PEBP Statewide PPO Network Administered by Hometown Health Providers and Sierra Health Care Options Customer Service: (800) 336-0123 www.pebp.state.nv.us</p>	<p>In-State PPO Medical Network</p> <ul style="list-style-type: none"> • Network providers • Provider directory • Additions and deletions of providers • In-network pricing tool
<p>National Network Providers First Health Network/HealthSCOPE Benefits P.O. Box 91603 Lubbock, TX 79403-1603 Customer Service: (800) 226-5116 www.myfirstthealth.com</p>	<p>National Medical Network/Outside of Nevada</p> <ul style="list-style-type: none"> • Network providers • Provider directory (website only) • Additions and deletions of providers • The National Medical Network is available to participants who reside outside of Nevada, or who live in Nevada but choose to see medical treatment outside of Nevada
<p>Diversified Dental Services P.O. Box 36100 Las Vegas, NV 89133-6100 Customer Service: Northern Nevada: (866) 270-8326 Southern Nevada: (800) 249-3538</p>	<p>Self-funded PPO Dental Network</p> <ul style="list-style-type: none"> • General information on statewide • Dental PPO providers • General information on national PPO dental providers • Dental provider directory

Participant Contact Guide

Consumer Driven Health Plan Medical, Vision and Dental Contacts	Service
<p>HealthSCOPE Benefits Claims submission: HealthSCOPE Benefits P.O. Box 91603 Lubbock, TX 79490-1603</p> <p>Appeal of Claims: HealthSCOPE Benefits P.O. Box 2860 Little Rock, AR 72203</p> <p>Group Number: NVPEB Customer Service: (888) 763-8232 www.healthscopebenefits.com</p> <p>Hometown Health Providers Customer Service: (775) 982-3232 or (888) 323-1461 www.stateofnv.hometownhealth.com</p>	<p>Claims Administrator/Third Party Administrator</p> <ul style="list-style-type: none"> • Claims submission • Claims status inquiries • Level 1 claim appeals • Verification of eligibility • Plan benefit information • CDHP & Dental only ID cards • Health Savings Account (HSA) Administrator • Health Reimbursement Arrangement (HRA) Administrator • In-Network Pricing Tool • Obesity Care Management Program <p>Medical Utilization Management & Case Management Services</p> <ul style="list-style-type: none"> • Pre-certification, for example: <ul style="list-style-type: none"> ○ Inpatient hospital admissions ○ Certain outpatient procedures ○ All spinal surgeries ○ All bariatric (weight loss) surgeries ○ Transgender services ○ Outpatient non-emergent cardiac surgeries • Large case and complex case management • Diabetes care management