

## PREVENTIVE SERVICES

Update to Your Plan of Benefits Effective January 1, 2022

October 15, 2021

Dear Participant:

This notice provides an update regarding the types of preventive services covered by the Automatic Sprinkler Local 281, U.A. Welfare Fund (Fund). We encourage you to read this notice carefully and to keep it with your Plan Document and Summary Plan Description (SPD).

### **The Fund Covers ACA-Mandated Preventive Services and Coronavirus-Related Preventive Services**

The Affordable Care Act (ACA) requires non-grandfathered group health plans, like your Welfare Plan, to fully cover certain in-network preventive services. In addition, the Coronavirus Aid, Relief, and Economic Security (CARES) Act requires group health plans, like your Welfare Plan, to fully cover certain in-network and out-of-network coronavirus-related preventive services.

When rendered out-of-network, non-coronavirus-related preventive services are subject to a 40% coinsurance rate after satisfaction of the applicable Major Medical Benefit Deductible. For coronavirus-related preventive services, the Fund will reimburse out-of-network providers the amount that would be paid under Medicare for the item or service.

### **The Fund Fully Covers In-Network ACA-Mandated Preventive Services 1 to 2 Years After Determination**

The ACA delegates the task of determining which health services are “preventive services” to certain government agencies. In particular, the United States Preventive Services Task Force, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, and the Health Resources and Services Administration all decide on an ongoing basis which services qualify for preventive services status. A list of these preventive services, which incorporates the ongoing government agency changes, is located at [www.healthcare.gov/preventive-care-benefits](http://www.healthcare.gov/preventive-care-benefits).

In terms of timing, the ACA requires the Fund to incorporate preventive services updates on the first day of the Plan Year beginning on or after one year following the date on which the update to the preventive services list occurs. In other words, for the January 1, 2022 Plan Year, the Fund will incorporate those preventive services updates made through 2020.

Some of the preventive services updates on the [www.healthcare.gov/preventive-care-benefits](http://www.healthcare.gov/preventive-care-benefits) list have been made after 2020. However, as noted above, the Fund is not required to cover these post-2020 preventive services. **Accordingly, enclosed is a complete list reflecting the preventive services completely covered when rendered in-network for the upcoming Plan Year.** For additional information about the Plan's coverage of these services, please refer to Section 12.06 of your SPD.

### **The Fund Will Fully Cover Coronavirus-Related Preventive Services, Including Applicable COVID-19 Vaccines, 15 Days After Determination by Federal Agencies**

The CARES Act requires the Fund to fully cover in-network and out-of-network coronavirus-related preventive services within 15 days of their identification by the United States Preventive Services Task Force or the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

*See Reverse Side*

These preventive services include FDA-approved COVID-19 vaccines developed for widespread distribution through Operation Warp Speed as well as the private sector.

Therefore, upon designation by one of these federal agencies that a COVID-19 vaccine, and/or other items or services, are coronavirus-related preventive services, the Fund will provide full coverage within 15 days of the agency's announcement. This means there are no out-of-pocket costs for you or your family for such coronavirus-related preventive services when provided in-network. As mentioned above, for out-of-network coronavirus-related services, the Fund will reimburse the provider at the applicable Medicare rate.

**Your Annual Summary of Benefits and Coverage and a Benefit Improvement Notice are Enclosed**

In addition to the notice of covered preventive services, the Fund has also enclosed the annual Summary of Benefits and Coverage (SBC) as well as a notice regarding an improvement to the Plan's coverage for preventive dental services.

The Trustees will continue to monitor the Fund's resources to ensure it is able to provide high-quality health coverage to members and their families for many years to come. As always, if you have any questions about this notice, or the Fund in general, please feel free to contact the Fund Office.

Very truly yours,

*Tim Morrin*, Administrator

On behalf of the Board of Trustees of the  
Automatic Sprinkler Local 281, U.A. Welfare Fund

**Automatic Sprinkler Local 281, U.A. Welfare Fund**  
**List of Preventive Services Required by the Affordable Care Act**  
**Effective January 1, 2022**

**Qualifying Coronavirus Preventive Services for All Participants and Dependents**

- a. Items, services, and/or immunizations that are intended to prevent or mitigate coronavirus disease 2019 (COVID–19), as identified by the United States Preventive Services Task Force or CDC.

**Covered Preventive Services for Adults**

- a. Abdominal aortic aneurysm one-time screening for men ages 65-75 who have ever smoked.
- b. Alcohol misuse screening and counseling: screening and behavioral counseling interventions to reduce alcohol misuse by adults ages 18 and older, including pregnant women, in primary care settings.
- c. Low-dose aspirin to prevent cardiovascular disease and colorectal cancer when prescribed by a health care provider, in adults ages 50 to 59 years who have a 10% or greater 10-year cardiovascular disease (CVD) risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years. A prescription must be submitted in accordance with plan rules.
- d. Blood pressure screening for all adults age 18 and older. Blood pressure screening is not payable as a separate claim, as it is included in the payment for a physician visit.
- e. Cholesterol screening (Lipid Disorders Screening) for in adults aged 40 to 75 years.
- f. Colorectal cancer screening using stool-based methods (such as fecal occult blood testing), sigmoidoscopy, or colonoscopy, in adults beginning at age 50 and continuing until age 75. The test methodology must be medically appropriate for the patient. The plan will not impose cost sharing with respect to a polyp removal during a colonoscopy performed as a screening procedure. The plan will not impose cost sharing with respect to the following services when these services are provided in connection with a screening colonoscopy and the attending provider determines the service is medically appropriate: anesthesia services, a pre-procedure specialist consultation, or a pathology exam on a polyp biopsy.
- g. Depression screening for adults.
- h. Screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Intensive behavioral counseling interventions to promote a healthful diet and physical activity or referral to such services for such adults aged 40 to 70 years with abnormal blood glucose.
- i. HIV screening for all adolescents and adults ages 15 to 65 and for younger and older individuals at increased risk.
- j. Preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition.
- k. Obesity screening and intensive counseling and behavioral interventions or referral to such interventions to promote sustained weight loss for adults with a body mass index of 30 kg/m<sup>2</sup> or higher. Behavioral counseling interventions to promote a healthful diet and physical activity for adults who are at increased risk for cardiovascular disease.
- l. Sexually transmitted infection (STI) prevention counseling for adults at higher risk.
- m. Tobacco use screening for all adults and cessation interventions for tobacco users.

- n. Syphilis screening for all adults at increased risk of infection.
- o. Counseling for young adults to age 24 who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.
- p. Exercise or physical therapy to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls.
- q. Screening for hepatitis C virus (HCV) infection in adults aged 18 to 79 years.
- r. Annual screening for lung cancer with low-dose computed tomography in adults ages 55 to 80 years who have a 30 pack/year smoking history and currently smoke or have quit within the past 15 years.
- s. Screening for hepatitis B virus infection in adults at increased risk for infection.
- t. Low-to-moderate-dose statin for the prevention of cardiovascular disease (CVD) events and mortality in adults ages 40-75 years with one or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking), and a calculated 10-year risk of a cardiovascular event of 10% or greater, when identified as meeting these factors by their treating physician.
- u. Screening for latent tuberculosis infection in populations at increased risk.
- v. Screening for unhealthy drug use, to be implemented when services for accurate diagnosis, effective treatment, or appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.)

#### **Covered Preventive Services for Women, Including Pregnant Women**

- a. Well woman office visits for women beginning in adolescence and continuing across the lifespan, for the delivery of required preventive services.
- b. Screening for anxiety in adolescent and adult women, including those who are pregnant or postpartum.
- c. Bacteriuria urinary tract or other infection screening for pregnant women. Screening for asymptomatic bacteriuria with urine culture for pregnant women is payable at 12 to 16 weeks' gestation or at the first prenatal visit, if later.
- d. Low-dose aspirin after 12 weeks of gestation for women who are at high risk for preeclampsia. A prescription must be submitted in accordance with plan rules.
- e. Screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy. Blood pressure screening is not payable as a separate claim, as it is included in the payment for a physician visit.
- f. BRCA counseling about genetic testing for women at higher risk. Women whose family history is associated with an increased risk for deleterious mutations in BRCA 1 or BRCA 2 genes will receive referral for counseling. The plan will cover BRCA 1 or 2 genetic tests without cost sharing, if appropriate as determined by the woman's health care provider, including for a woman who has previously been diagnosed with cancer, as long as she is not currently symptomatic or receiving active treatment for breast, ovarian, tubal or peritoneal cancer.
- g. Breast cancer screening mammography for women with or without clinical breast examination and with or without diagnosis, every 1 to 2 years for women aged 40 and older.
- h. Breast cancer chemoprevention counseling for women at higher risk. The plan will pay for counseling by physicians with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention, to discuss the risks and benefits of chemoprevention. The plan will also pay for risk-reducing medications (such as tamoxifen or raloxifene) for women at increased risk for breast cancer and at low risk for adverse medication effects.

- i. Interventions during pregnancy and after birth to support breastfeeding. Comprehensive lactation support and counseling by a trained provider during pregnancy and for the duration of breastfeeding, and costs for renting breastfeeding equipment. The plan may pay for purchase of lactation equipment instead of rental, if deemed appropriate by the plan administrator.
- j. Cervical cancer screening for women ages 21 to 29 with Pap smear every three years; for women ages 30-65, screening with Pap smear alone every three years or screening with Pap smear and human papillomavirus testing every five years.
- k. Chlamydia infection screening for all sexually active non-pregnant young women aged 24 and younger, and for older non-pregnant women who are at increased risk, as part of a well woman visit. For all pregnant women aged 24 and younger, and for older pregnant women at increased risk, chlamydia infection screening is covered as part of the prenatal visit.
- l. FDA-approved contraceptives methods, sterilization procedures, and patient education and counseling for women of reproductive capacity. FDA-approved contraceptive methods, include barrier methods, hormonal methods, and implanted devices, as well as patient education and counseling, as prescribed by a health care provider. The plan may cover a generic drug without cost sharing and charge cost sharing for an equivalent branded drug. The plan will accommodate any individual for whom the generic would be medically inappropriate, as determined by the individual's health care provider. Services related to follow-up and management of side effects, counseling for continued adherence, and device removal are also covered without cost sharing.
- m. Daily folic acid supplements for women are planning or capable of pregnancy, containing 0.4 to 0.8 mg of folic acid. Over-the-counter supplements are covered only if the woman obtains a prescription.
- n. Gonorrhea screening for sexually active women age 24 and younger and in older woman who are at increased risk for infection, provided as part of a well woman visit. The plan will pay for the most cost-effective test methodology only.
- o. Counseling for sexually transmitted infections, once per year as part of a well woman visit.
- p. Counseling and screening for HIV, once per year as part of a well woman visit, and for pregnant women, including those who present in labor who are untested and whose HIV status is not known.
- q. Hepatitis B screening for pregnant women at their first prenatal visit.
- r. Osteoporosis screening for women. Women younger than 65 will be eligible for osteoporosis screening with the most cost-effective test methodology if their risk of fracture is equal to or greater than that of a 65-year-old woman. Women aged 65 and older and postmenopausal women younger than 65 at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool, will be eligible for screening for osteoporosis with bone measurement testing.
- s. Rh(D) incompatibility screening for all pregnant women during their first visit for pregnancy related care, and follow-up testing for all unsensitized Rh(D)-negative women at 24-28 weeks' gestation, unless the biological father is known to be Rh(D)-negative.
- t. Screening for gestational diabetes in asymptomatic pregnant women between 24 and 28 weeks' gestation and at the first prenatal visit for pregnant women identified to be at risk for diabetes.
- u. Screening for diabetes for women with a history of gestational diabetes who are not currently pregnant and who have not previously been diagnosed with type 2 diabetes. Initial testing

should occur within the first year postpartum, as early as 4 to 6 weeks postpartum. For women who test negative, rescreening every 3 years for 10 years after pregnancy.

- v. Tobacco use screening and interventions for all women, as part of a well woman visit, and expanded counseling for pregnant tobacco users.
- w. Early syphilis screening for all pregnant women. Syphilis screening for all other women at increased risk, as part of a well woman visit.
- x. Screening and counseling for interpersonal and domestic violence, as part of a well woman visit.
- y. Depression screening and counseling interventions for pregnant and postpartum women.
- z. Screening women for urinary incontinence, as part of a well woman visit.

### **Covered Preventive Services for Children**

- a. Well baby and well child visits from ages newborn through 21 years as recommended for pediatric preventive health care by “Bright Futures/American Academy of Pediatrics.” Visits will include the following age-appropriate screenings and assessments:
  - Physical examination
  - Developmental screening for children under age 3, and surveillance throughout childhood
  - Behavioral assessments for children of all ages
  - Medical history
  - Blood pressure screening
  - Depression screening for adolescents ages 11 and older
  - Vision screening
  - Hearing screening
  - Height, weight and body mass index measurements for children, including head circumference measurements for children 24 months and younger
  - Autism screening for children at 18 and 24 months
  - Tobacco, alcohol, and drug use assessments for adolescents
  - Maternal depression screening between 1 and 6 months
  - Newborn blood and bilirubin screenings
  - Critical congenital heart defect screening in newborns
  - Hematocrit or Hemoglobin screening for children
  - Lead screening for children at risk of exposure
  - Tuberculin testing for children at higher risk of tuberculosis
  - Dyslipidemia screening for children at higher risk of lipid disorders
  - Sexually transmitted infection (STI) screening and counseling for sexually active adolescents
  - Cervical dysplasia screening at age 21
  - Oral health risk assessment
- b. Newborn screening tests recommended by the Advisory Committee on Heritable Disorders in Newborns and Children (such as hypothyroidism screening for newborns and sickle cell screening for newborns).
- c. Prophylactic ocular topical medication for all newborns for the prevention of gonorrhea.
- d. Oral fluoride supplementation at currently recommended doses (based on local water supplies) to preschool children older than 6 months of age whose primary water source is deficient in fluoride. Over-the-counter supplements are covered only with a prescription.

- e. Obesity screening in children and adolescents 6 years and older, including offer of or referral for comprehensive, intensive behavioral interventions to promote improvements in weight status.
- f. HIV screening for adolescents ages 15 and older and for younger adolescents at increased risk of infection.
- g. Counseling for children, adolescents, and young adults ages 6 months to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.
- h. Interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents.
- i. Screening for hepatitis B virus infection in adolescents at increased risk for infection.
- j. Application of fluoride varnish to the primary teeth of all infants and children through to age 5 starting at the age of primary tooth eruption, in primary care practices.
- k. Syphilis screening for adolescents who are at increased risk for infection.
- l. For adolescents, screening and counseling for interpersonal and domestic violence.
- m. Vision screening at least once in all children ages 3 to 5 years to detect amblyopia or its risk factors.

### **Immunizations**

Routine adult immunizations are covered for participants and dependents who meet the age and gender requirements and who meet the CDC medical criteria for recommendation.

- a. Immunization vaccines for adults—doses, recommended ages, and recommended populations must be satisfied:
  - DTaP/Tdap/Td (Diphtheria/tetanus/pertussis)
  - Hepatitis A
  - Hepatitis B
  - Hib (*Haemophilus Influenzae* type B)
  - HPV (Human papillomavirus)
  - Influenza
  - Measles/mumps/rubella (MMR)
  - Meningococcal
  - Pneumococcal (polysaccharide)
  - Varicella (Chickenpox)
  - Zoster (Shingles)
- b. Immunization vaccines for children from birth to age 18—doses, recommended ages, and recommended populations must be satisfied:
  - DTaP/Tdap/Td (Diphtheria/tetanus/pertussis)
  - Hepatitis A
  - Hepatitis B
  - Hib (*Haemophilus Influenzae* type B)
  - HPV (Human papillomavirus)
  - Influenza
  - Measles/mumps/rubella (MMR)
  - Meningococcal
  - Pneumococcal (polysaccharide)

- Polio
  - Rotavirus
  - Varicella (Chickenpox)
- c. Other immunization vaccines—doses, recommended ages, and recommended populations must be satisfied:
- Anthrax
  - Cholera
  - Japanese Encephalitis
  - Rabies
  - Smallpox (Vaccinia)
  - Typhoid
  - Yellow Fever