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 April 2020 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
- 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 to 75 years old (total cholesterol, LDL-C and HDL-C; or lipid panel)
- 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 to 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
- 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 for infection
- Tobacco use screening, counseling, and cessation interventions including FDA-approved tobacco cessation over-the-counter products and prescription medications (prescription required for all options; limited to 180-day supply per year)
- Unhealthy alcohol use screening and behavioral counseling interventions

MEN ONLY
- Abdominal Aortic Aneurysm: one-time screening with ultrasonography for men age 65 to 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 to 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
- Iron deficiency anemia screening
- Rh (D) blood typing and antibody testing for incompatibility 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.
• Medical history for all children throughout development
• Lead screening for children at risk to exposure, birth through age 28 days
• Iron supplements for at risk infants 6–12 months (prescription required)
• 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.
• Skin cancer counseling children and adolescents aged 10 through age 17 about minimizing exposure to ultraviolet radiation to reduce risk for skin cancer

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 9 through 20 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 20
• Height, weight and body mass index measurements*
• Hematocrit or hemoglobin screening through age 1 year
• 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 influenza 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 age 6 years
• Medical history for all children throughout development*
• Newborn bilirubin screening, birth through 28 days
• Obesity screening in children and adolescents age 6 through 17 years
• Oral health risk assessment*
• Phenylketonuria (PKU) screening for newborns, birth through age 28 days
• 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.
• 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 15 years

ADDITIONAL INFORMATION:
• Preventive services are routine health care 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.

*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.
Required Federal Accessibility and Nondiscrimination Notice

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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.

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  • Qualified sign language interpreters
  • Written information in other formats (large print, audio, accessible electronic formats, other formats)
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  • Qualified interpreters
  • Information written in other languages

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NOTE: If you speak Spanish, you can contact us for free language services. Please call 800-524-9242 or (TTY: 888-781-4262).


주의: 한국어로 사용하시는 경우, 무제한 홍보 및 서비스를 이용하실 수 있습니다. 800-524-9242 또는 (TTY: 888-781-4262)으로 연락해 주세요.

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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).


Exceptions allow an employer to offer coverage in violation of section 105(h).

Required Federal Accessibility and Nondiscrimination Notice

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 and other agencies. Wellmark makes no representation as to the impact of plan changes on a plan’s grandfathered health plan status under ACA or otherwise complies with ACA. 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.