

**FREQUENTLY
ASKED
QUESTIONS**

**About Preventive
Care Benefits**



Preventive care is an important part of protecting your overall health. AbbVie provides 100% coverage for in-network periodic adult and pediatric exams, preventive screenings and immunizations, before any plan deductibles.

This benefit covers services that you and your family members should receive to stay healthy and to help detect serious illnesses early. In general, the plan pays preventive care benefits based on the recommendations of the U.S. Preventive Services Task Force (USPSTF) and American Academy of Pediatrics.

Q. What services are covered at 100%?

A. Services covered at 100% when received from network providers are:

- Annual adult physical and related testing and screenings, including cholesterol, glucose, hearing, blood pressure, bone density, PSA and sexually transmitted disease screenings. Screenings for vision and skin cancer are covered at 100% when performed during an annual physical.
- Adult immunizations, based upon the recommendations of the CDC's Advisory Committee on Immunization Practices (ACIP)
- Colorectal cancer screening, including but not limited to blood testing and colonoscopy for members age 40 and older

Well-baby and well-child visits up to age 18, including testing and immunizations, in accordance with pediatric guidelines are also covered under this preventive care benefit.

Covered childhood immunizations generally include:

- Diphtheria-tetanus-pertussis (DTP)
- Oral poliovirus (OPV)
- Measles-mumps-rubella (MMR)
- Conjugate haemophilus influenzae type B
- Hepatitis B
- Varicella (Chicken Pox)

- Human papilloma virus (HPV) vaccine limited to one complete dosage per lifetime

Women's health care benefits

- Annual well-woman visit to obtain recommended preventive services
- Visits for certain prenatal screenings
- Gestational diabetes screening for women 24 to 28 weeks pregnant, and those at high risk of developing gestational diabetes
- HPV DNA testing for women 30 or older
- Sexually Transmitted Infections counseling, and HIV screening and counseling
- Screening and counseling for interpersonal and domestic violence
- Lactation support and counseling from trained providers
- Rental of breastfeeding equipment (pregnant and postpartum women)

Q. What preventive medications are covered at 100%?

A. The, following preventive medications are covered at 100% under your prescription drug benefit through CVS Caremark.

- Aspirin – Generic dose 81 mg for adults 50-59 who are at risk of cardiovascular disease or women who are at least 12 years old after 12 weeks of pregnancy with risk of preeclampsia.
- Bowel Preparation for ages 40-74
- Breast Cancer Prevention for 35 years of age or older at increased risk
- Contraceptives
- Fluoride – children 5 years or younger
- Folic Acid Supplements for 55 and younger who are planning to become pregnant
- Human Immunodeficiency Virus Pre-exposure Prophylaxis
- Iron Supplements
- Statins for ages 40-74 who are at risk
- Tobacco Cessation for adults who are not pregnant
- Vaccines

For details on which specific medications which are covered, visit www.caremark.com or call 855-298-2488 for more information.

Q. What services are not covered at 100%?

A. Services excluded from this 100% preventive care benefit (but covered

under regular plan provisions if ordered by your doctor) include but are not limited to: brand name contraceptives, vision and skin cancer screenings performed at visits other than your annual physical exam, EKGs, chest x-rays, stress tests and bone density screenings under age 50.

Q. Do the HDHP options have an expanded list of preventive drugs covered at 100%?

A. Yes. All of the HDHP options offer 100% coverage for preventive drugs, regardless of manufacturer, before you meet your deductible. After you meet your deductible preventive drugs follow the standard Rx design with coinsurance. The CVS Caremark High Deductible Preventive Therapy Drug List is available on the Benefits Enrollment website and on HRConnect. You may also visit www.caremark.com or call 855-298-2488 for more information.

Q. What does my doctor's office need to know to ensure that my preventive care visit will be paid at 100%?

A. Preventive benefits must be billed by your health care provider using appropriate "v" codes and preventive codes (please note that colon cancer screenings and mammograms do not require "v" codes). Most doctors and office managers are familiar with these codes, but we recommend that you advise them of the requirements before your office visit to ensure the visit will be paid at 100%.

Q. What if my preventive visit claim is not paid at 100%?

A. If the doctor codes the claim without a "v" code, the claim will be paid under regular plan benefits because the health plan would have no way of knowing that the services were for preventive care. If your explanation of benefits (EOB) shows the claim was not processed at 100%, ask your doctor to resubmit the claim to the health plan with the correct "v" codes, and the claim will be reprocessed.

Q. What if I exceed the frequency limit for a preventive service?

A. Most services would be covered based on regular plan provisions. Be sure to check with customer service for your health plan to verify coverage before receiving the service.

Q. I get quarterly screenings for diabetes. Will these be covered by the preventive care benefit?

A. If coded with a preventive “v” code, you will receive one annual screening at 100%. Your subsequent screenings will be subject to regular plan provisions.

Q. How are screening colonoscopies covered?

A. Routine screening colonoscopies for covered members age 40 and older are covered at 100% including the facility charge. The procedure must be submitted by the provider as a colorectal cancer screening to be covered as preventive. If a problem is found during the screening and a procedure is performed to address the problem (such as polyp removal), the claim will still be paid as preventive with no cost sharing, as long as it has been submitted by the provider with a preventive services code.

Q. What services are considered part of the screening colonoscopy?

A. The following services are considered part of the colonoscopy screening:

- Colonoscopy screening procedure
- Pathology services
- Anesthesiology (if necessary)
- Outpatient facility fee
- Prescription drugs for colonoscopy preparation (age 40-75)

A service that is directly related to a colonoscopy to screen for colorectal cancer will be covered as a preventive service.

Benefits and services described herein apply only to those employees and family members eligible for coverage under the plan. In case of any conflict or question, the official health plan documents or applicable policies, as amended from time to time, will govern. AbbVie reserves the right to change or end its benefit plans or programs at any time.