



North Carolina Medical Society

Employee Benefit Plan

Enhanced Preventive Care High Deductible Health Plan Feature

The NCMS Plan understands the value of maintaining your employee's health, and an enhanced preventive care benefit is included as part of the High Deductible Health Plan products offered by the NCMS Plan.

When your employees receive the following preventive care services from an in-network provider, the deductible will not apply for:

- (1) immunizations and well-baby and well-child care (excluding diagnostic tests and screenings),
- (2) the first office visit (excluding diagnostic tests and screenings) each benefit period for routine physical exams, gynecological exams, and the evaluation and treatment of obesity, and
- (3) the first preventive care diagnostic test and screening each benefit period (excluding related office visits except as noted above) for each of the following:

cervical cancer screening
ovarian cancer screening
screening mammograms
colorectal screening
prostate specific antigen tests

newborn vision and hearing screening
cholesterol and lipid screening
bone mass measurement screening
hemoglobin test

Any additional preventive care services and/or diagnostic tests and screenings, including those not listed above, are subject to deductible and coinsurance.

Please note that preventive care services received in an outpatient clinic or an outpatient setting will be subject to deductible and coinsurance. The enhanced preventive care benefit is only for services billed by physicians for office locations (CMS1500).

The "benefit period" is the 12-month period based on your practice's original effective date of coverage under the NCMS Plan.

See reverse for more detail regarding preventive care services or refer to your Member Guide.

Routine Physical Examinations

One routine physical examination and related diagnostic services per benefit period will be covered for each member age two and older.

Well-Baby and Well-Child Care

These services are covered for each member up to 24 months of age including periodic assessments and immunizations. Benefits are limited to six well-baby visits for members through 12 months old and three well-child visits for members 13 months up to 24 months old.

Immunizations

The full series of standard immunizations recommended by the CDC and the AAFP is covered, including: DPT, Polio, MMR, Influenza, Pneumococcal vaccine, Human papillomavirus, HiB, Hepatitis A and B, Meningococcal vaccine, Chicken pox, Rotavirus. Immunizations excluded are those required for occupational hazard or international travel.

Gynecological Exam, Including Cervical Cancer Screening

The cervical cancer screening benefit includes the examination and laboratory tests for early detection and screening of cervical cancer, and doctor's interpretation of the lab results. Coverage for cervical cancer screening includes Pap smear screening, liquid-based cytology, and human papilloma virus detection, and shall follow the American Cancer Society guidelines or guidelines adopted by the North Carolina Advisory Committee on Cancer Coordination and Control.

Ovarian Cancer Screening

For female members age 25 and older at risk for ovarian cancer, an annual screening, including a transvaginal ultrasound and a rectovaginal pelvic examination, is covered. A female member is considered "at risk" if she: has a family history with at least one first-degree relative with ovarian cancer; and a second relative, either first-degree or second-degree with breast, ovarian, or nonpolyposis colorectal cancer; or tested positive for a hereditary ovarian cancer syndrome.

Screening Mammograms

Beginning at age 35, one screening mammogram will be covered per female member per calendar year, along with a doctor's interpretation of the results. More frequent or earlier mammograms will be covered as recommended by a doctor when a female member is considered at risk for breast cancer.

A female member is "at risk" if she: has a personal history of breast cancer; has a personal history of biopsy-proven benign breast disease; has a mother, sister, or daughter who has or has had breast cancer; or, has not given birth before the age of 30.

Colorectal Screening

Colorectal cancer examinations and laboratory tests for cancer are covered for any symptomatic or nonsymptomatic member who is at least 50 years of age, or is less than 50 years of age and at high risk for colorectal cancer. Increased/high risk individuals are those who have a higher potential of developing colon cancer because of a personal or family history of certain intestinal disorders. Some of these procedures are considered surgery, such as colonoscopy and sigmoidoscopy, and others are considered lab tests, such as Hemocult screenings.

Prostate Screening

One Prostate Specific Antigen (PSA) test or an equivalent serological test will be covered per male member per benefit period. Additional PSA tests will be covered if recommended by a doctor