



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.

However, if the preventive care service indicates a diagnosis other than preventive/wellness, such as an abnormal mammogram or treatment is required, these services will be subject to your in-network deductible and coinsurance.

Covered preventive care services include:

Routine Physical Examinations

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

Well-Baby and Well-Child Care

These services are covered for each member including periodic assessments and immunizations as recommended by the American Academy of Pediatrics and the United States Preventive Services Task Force.

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 and 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.

See reverse for more preventive care services

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 asymptomatic 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 hemoccult 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