



GOOD NEWS FOR WOMEN



Your health benefit plan covers the women’s preventive services listed with no copays, coinsurance or deductible when you go to a provider in the PHCS Practitioner network.

You won’t have to pay anything for these services when:

- The doctor or health care provider is in the PHCS Practitioner network, and the main purpose of your visit is to get preventive care
- Your doctor prescribes a female over-the-counter or generic contraceptive* that is approved by the U.S. Food and Drug Administration (FDA), and you fill it at a network pharmacy
- You buy a breast pump according to the guidelines of your plan

But these services are not preventive when they are not billed as preventive by your doctor, or when the main reason for your visit is to diagnose, monitor or treat an illness or injury. Then copays, coinsurance and deductibles apply.

Contraceptive coverage

The pharmacy plan covers women’s contraceptive methods with no member cost share when prescriptions are filled at an in-network pharmacy. Our medical plan covers two visits a year for patient education and counseling on contraceptives.

We cover contraceptives with no member cost share when they are:

- Approved by the FDA
- Generic contraceptives on the preferred drug list, also called a formulary
- Over-the-counter female contraceptives when filled with a prescription
- Filled at an in-network pharmacy

We cover the following under our medical plan *(there will be no member cost share when the main purpose of your service is preventive, or when the service is separately billed by your doctor as preventive):*

- Certain contraceptive injectables and devices and their administration, such as the insertion of an intrauterine device (IUD) or injections, when billed by a participating doctor
- Women’s sterilization procedures

Prenatal care and breastfeeding

You have no member cost sharing (copays, coinsurance or deductibles) for preventive prenatal visits provided by a PHCS in-network provider. Normal cost sharing applies for delivery, postpartum care, ultrasounds or other maternity procedures, specialists visits and certain lab tests. Women who needs support with breastfeeding can get up to six visits with a lactation consultant at no cost. In-network obstetrician/gynecologists (Ob/Gyns) and pediatricians may offer these services.

We also cover;

- Certain standard electric breast pumps (nonhospital grade) anytime during pregnancy, after delivery or for as long as you breastfeed, once every three years
- Certain manual breast pumps anytime during pregnancy, after delivery or for as long as you breastfeed
- Another set of breast pump supplies, if you get pregnant again before you are eligible for a new pump

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*Brand-name contraceptive drugs, methods or devices only covered with no member cost sharing under certain limited circumstances when required by your doctor.



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Well-woman care

Well-woman care includes counseling about important issues, as well as:

Screenings for:

- BRCA (counseling and genetic testing for women at high risk with no personal history of breast and/or ovarian cancer)
- Breast cancer chemoprevention (for women at higher risk)
- Breast cancer (mammography every 1 to 2 years for women over 40)
- Cervical cancer (for sexually active women)
- Chlamydia infection (for younger women and other women at higher risk)
- Gonorrhea (for all women at higher risk)
- Osteoporosis (for women over age 60 depending on risk factors)
- Alcohol misuse, obesity and tobacco use
- Blood pressure
- Cholesterol (for adults of certain ages or at higher risk)
- Colorectal cancer (for adults over 50)
- Type 2 diabetes (for adults with high blood pressure)
- Human immunodeficiency virus (HIV)
- Syphilis
- Diabetes (including screening during pregnancy)
- Lung cancer (for adults ages 55 and older with a history of smoking)

Immunizations *(Doses, recommended ages and recommended populations vary)*

- Diphtheria, pertussis, tetanus (DPT)
- Hepatitis A and B
- Herpes zoster
- Human papillomavirus (HPV)
- Influenza
- Measles, mumps, rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)

Medicine and supplements

- Aspirin up to 81 mg for women up to the age of 45 at risk for preeclampsia and up to 325 mg for women age 45
- Folic acid supplements (for women of child-bearing ages)
- Vitamin D supplements for adults ages 65 and older with certain conditions
- FDA-approved tobacco-cessation medicine, including over-the-counter medicine when prescribed by a health care provider and filled at a participating pharmacy
- Risk-reducing medicine, such as tamoxifen and raloxifene, for women ages 35 and older at increased risk for breast cancer

Additional services for pregnant women: Anemia screenings, bacteriuria urinary tract or other infection screenings, Rh incompatibility screening (with follow-up testing for women at higher risk), Hepatitis B counseling (at the first prenatal visit), expanded counseling on tobacco use & breastfeeding interventions to support and promote breastfeeding after delivery.

Exclusions and limitations: This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent.