



**truehealth**<sup>™</sup>  
new mexico

# PREVENTIVE HEALTH CARE: WHAT IT IS AND WHAT YOUR PLAN COVERS

## What is preventive care?

The U.S. Preventive Services Task Force (USPSTF) defines preventive care services as “services such as screening tests, counseling services, and preventive medicines, [that] are tests or treatments that your doctor or others provide to prevent illnesses before they cause you symptoms or problems.”

## Why do you need preventive care?

We believe that preventive care is vital to your overall health and wellness. One of the best ways you can become and stay healthier is to find a primary care provider (PCP) and become established with him or her. Your PCP will coordinate all of your healthcare services, including preventive care.

## What does your plan cover?

- **Most** preventive care services are not subject to cost-sharing when you are seen by a provider in the True Health New Mexico network.
- Age- and gender-specific preventive care and periodic health exams are covered by your True Health New Mexico plan. This means that some preventive services are covered without cost-sharing only if you are within the appropriate age range for those services as determined by the USPSTF A and B recommendations. For more information, visit [uspreventiveservicestaskforce.org](http://uspreventiveservicestaskforce.org).
- On the following pages is a list of preventive care services covered by True Health New Mexico.

## What does your plan not cover? What is not considered preventive care?

- If you receive non-preventive (diagnostic) services during a preventive care visit, you will have to pay your office-visit cost-share amount (copayment, coinsurance, deductible) for those services. For example, your PCP may diagnose a medical issue during a wellness exam and order additional tests. These tests are now not considered preventive, and you will have to pay a different cost-share amount.
- Some preventive services – for example, travel immunizations – are generally not covered. Other non-covered services or supplies may include those that are not considered medically necessary or are considered experimental or investigational (unproven).

## For more information

- For information about prescription drugs that are covered under your preventive services benefit, visit the Pharmacy page of our website, [truehealthnewmexico.com/Formulary.aspx](http://truehealthnewmexico.com/Formulary.aspx).
- To learn more about what is covered by your True Health New Mexico plan, please refer to your Evidence of Coverage. You can find it at [truehealthnewmexico.com/small-group-plan-documents.aspx](http://truehealthnewmexico.com/small-group-plan-documents.aspx) or [truehealthnewmexico.com/large-group-plan-documents.aspx](http://truehealthnewmexico.com/large-group-plan-documents.aspx).
- **Questions?** Call the Customer Service number on the back of your insurance ID card.

be true to your health.

[truehealthnewmexico.com](http://truehealthnewmexico.com)



**Note: The following preventive services are not subject to cost-sharing if the specifications in the second and third columns are met.**

## WELLNESS EXAMS

Service	Group	Age, Frequency
Well-baby, well-child, well-person exams, including annual well-woman exam. Includes height, weight, head circumference, BMI, blood pressure, history, anticipatory guidance, education regarding risk reduction, psychosocial/behavioral assessment, educational materials, or consultations from providers to promote a healthy lifestyle.	M, W, C	<ul style="list-style-type: none"> <li>Birth, 1, 2, 4, 6, 9, 12, 15, 18, 24, and 30 months</li> <li>Additional visit at 2-4 days for infants discharged less than 48 hours after delivery</li> <li>Ages 3-21 once a year</li> <li>Ages 22 and older, as PCP advises; maximum of once a year</li> </ul>

## IMMUNIZATIONS

Service	Service
Diphtheria, tetanus toxoids, and acellular pertussis (DTaP, Tdap, Td)	Meningococcal (MCV)
Haemophilus influenzae type b conjugate (Hib)	Pneumococcal (pneumonia)
Hepatitis A (HepA)	Poliovirus (IPV)
Hepatitis B (HepB)	Rotavirus (RV)
Human papillomavirus (HPV) (age and gender criteria apply depending on vaccine brand)	Varicella (chickenpox)
Influenza (flu)	Zoster (shingles)
Measles, mumps, and rubella (MMR)	

You may view the immunization schedule on the Centers for Disease Control and Prevention website: [cdc.gov/vaccines/schedules/](https://www.cdc.gov/vaccines/schedules/).

**Note: Some vaccines have age requirements.**

## PEDIATRIC PREVENTIVE SCREENINGS

Service	Group	Age, Frequency
Congenital hypothyroidism screening	C	Newborns
Dental caries prevention (evaluate water source for sufficient fluoride; if deficient, prescribe oral fluoride)	C	Children older than 6 months
Hearing screening	C	Children up to age 19
Hearing screening (not complete hearing examination)	C	All newborns by 1 month. Ages 4, 5, 6, 8, and 10 or as doctor advises.
Hemoglobin or hematocrit	C	12 months
Iron supplementation <sup>1</sup>	C	6-12 months for children at risk
Metabolic/hemoglobinopathies (according to state law)	C	Newborns
Oral health evaluation/assess for dental referral	C	12, 18, 24, 30 months; ages 3 and 6
PKU screening	C	Newborns
Ocular (eye) medication to prevent blindness	C	Newborns
Sexually transmitted infections (STI) screening	C	All sexually active adolescents.
Sickle cell disease screening	C	Newborns
Tobacco use prevention (counseling to prevent initiation)	C	School-age children and adolescents
Tuberculin test	C	Children and adolescents at risk
Vision screening (performed by a primary care provider)	C	Children up to age 19
Vision screening (not complete eye examination)	C	Ages 3-5

**C = Children/Adolescents M = Men W = Women**

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## HEALTH SCREENINGS AND INTERVENTIONS

Service	Group	Age, Frequency
Alcohol misuse screening	M, W, C	All adults; adolescents at risk
Aspirin to prevent cardiovascular disease <sup>1</sup>	M, W	Men ages 45-79; women ages 55-79
Bacteriuria screening	W	Pregnant women
Breast cancer screening	W	Women ages 50-74, every 1-2 years
Breast-feeding support/counseling, supplies <sup>2</sup>	W	During pregnancy and after birth
Cervical cancer screening (Pap test) HPV DNA test with Pap test	W	Women ages 21-65, every 3 years Women ages 30-65, every 3-5 years
Chlamydia screening	W	Sexually active women ages 24 and under and older women at risk
Cholesterol/lipid disorders screening	M, W	Adults 40-75 years
Colon cancer screening	M, W	These tests will be covered for colorectal cancer screening, ages 50 and older: <ul style="list-style-type: none"> <li>Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) annually</li> <li>Flexible sigmoidoscopy every 5 years</li> <li>Double-contrast barium enema (DCBE) every 5 years</li> <li>Colonoscopy every 10 years</li> <li>Computed tomographic colonography (CTC)/virtual colonoscopy every 5 years - requires prior authorization</li> </ul>
Contraception counseling/education; contraceptive products and services <sup>1, 3, 4</sup>	W	Women with reproductive capacity
Depression screening	M, W, C	Ages 11-21, all adults
Diabetes screening	M, W	Adults ages 40-70 who are overweight
Discussion about potential benefits/risk of breast cancer preventive medication <sup>1</sup>	W	Women at risk
Domestic and interpersonal violence screening	W	All women
Fall prevention in older adults (physical therapy, vitamin D supplementation)	M, W	Community-dwelling adults ages 65 and older with risk factors
Folic acid supplementation <sup>1</sup>	W	Women planning or capable of pregnancy
Genetic counseling/evaluation and BRCA1/BRCA2 testing	W	Women at risk <ul style="list-style-type: none"> <li>Genetic counseling must be provided by an independent board-certified genetic specialist prior to BRCA1/BRCA2 genetic testing</li> <li>BRCA1/BRCA2 testing requires prior authorization</li> </ul>
Gestational diabetes screening	W	Pregnant women
Gonorrhea screening	W	Sexually active women age 24 years and younger; older women at risk
Healthy diet and physical activity counseling	M, W, C	Ages 6 and older - to promote improvement in weight status. Overweight or obese adults with risk factors for cardiovascular disease.
Hepatitis B screening	W	Pregnant women
Hepatitis C screening	M, W	Adults at risk; one-time screening for adults born between 1945-1965

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**Note: The following preventive services are not subject to cost-sharing if the specifications in the second and third columns are met.**

## HEALTH SCREENINGS AND INTERVENTIONS

Service	Group	Age, Frequency
HIV screening and counseling	M, W, C	Pregnant women; adolescents and adults age 15-65 years; younger adolescents and older adults at risk; sexually active women, annually
Lung cancer screening (low-dose computed tomography)	M, W	Adults ages 55-80 with 30 pack-year smoking history, and currently smoke, or have quit within the past 15 years. Computed tomography requires prior authorization.
Obesity screening/counseling	M, W, C	Ages 6 and older; all adults
Osteoporosis screening	W	Age 65 or older (or under age 65 for women with fracture risk as determined by Fracture Risk Assessment Score). Computed tomographic bone density study requires prior authorization.
Rh incompatibility test	W	Pregnant women
Sexually transmitted infections (STI) counseling	M, W	Sexually active women, annually; sexually active adolescents; and men at increased risk
Skin cancer prevention counseling to minimize exposure to ultra-violet radiation	M, W, C	Ages 10-24
Syphilis screening	M, W, C	Individuals at risk; pregnant women
Ultrasound aortic abdominal aneurysm screening	M	Men ages 65-75 who have ever smoked

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### Notes

- 1 Subject to the terms of your plan's pharmacy coverage, certain drugs and products may be covered at 100%. Your doctor is required to give you a prescription, including for those that are available over-the-counter, for them to be covered under your pharmacy benefit. Cost-sharing may be applied for brand-name products where generic alternatives are available. Please refer to True Health New Mexico's list of preventive drugs covered under the Affordable Care Act, available on our website at [truehealthnewmexico.com/Formulary.aspx](http://truehealthnewmexico.com/Formulary.aspx), for information on drugs and products with no out-of-pocket cost.
- 2 Subject to the terms of your plan's medical coverage, breast-feeding equipment rental and supplies may be covered at the preventive level. Your doctor is required to provide a prescription, and the equipment and supplies must be ordered through **HME Specialists**, True Health New Mexico's preferred durable medical equipment vendor. Prior authorization is required for some types of breast pump equipment. To obtain the breast pump, initial supplies, and replacement supplies, contact HME Specialists at **1-866-690-6500**.
- 3 Examples include oral contraceptives; diaphragms; hormonal injections and contraceptive supplies (spermicide, female condoms); and emergency contraception.
- 4 Subject to the terms of your plan's medical coverage, contraceptive products and services such as some types of IUDs, implants, and sterilization procedures may be covered at the preventive level. Check your Evidence of Coverage for details about your specific medical plan.

These preventive health services are based on recommendations from the U.S. Preventive Services Task Force (A and B recommendations), the Advisory Committee on Immunization Practices (ACIP) for immunizations, the American Academy of Pediatrics' Periodicity Schedule of the Bright Futures Recommendations for Pediatric Preventive Health Care, the Uniform Panel of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children and, with respect to women, evidence-informed preventive care and screening guidelines supported by the Health Resources and Services Administration. For additional information on immunizations, visit [cdc.gov/vaccines/schedules/](http://cdc.gov/vaccines/schedules/). **This document is a general guide. Always discuss your particular preventive care needs with your doctor.**

### Exclusions

This document provides highlights of preventive care coverage generally. Some preventive services may not be covered under your plan. For example, immunizations for travel are generally not covered.

Other non-covered services/supplies may include any service or device that is not medically necessary, or services/supplies that are unproven (experimental or investigational). For the specific coverage terms of your plan, refer to your Evidence of Coverage.