

The Board of Pensions administers the Benefits Plan of the Presbyterian Church (U.S.A.), offering retirement, healthcare, death, and disability benefits to qualifying members. The Board also provides financial and vocational grants through the Assistance Program.

Summary

This Board benefit encourages all plan members to get regular preventive examinations and be proactive when it comes to their physical well-being. Preventive approaches reduce healthcare costs, improve medical outcomes, and can even save lives.

For those enrolled in the Medical Plan, the preventive care benefit covers 100 percent of the plan allowance for eligible preventive screenings and immunizations with a network provider and is not subject to a deductible. For a detailed schedule of adult covered procedures and their insurance codes, see the reverse side.

Eligibility

Active, disabled, and continuation members, as well as members on transitional participation coverage, can take advantage of the preventive care benefit — as long as they are covered by the Medical Plan.*

Preventive Care \$0 Copay

Employees and family members enrolled in the active Medical Plan qualify for a \$0 copay for covered preventive care services with network providers. This includes all recommended well-child and annual well woman exams with network providers.

If you see your physician for the exams, tests, and immunizations specified for your age and gender and don't present signs or symptoms of illness, this qualifies as a preventive care visit. (See the reverse side for covered adult services.) If a health condition is diagnosed during the exam, the visit still qualifies for preventive care coverage.

**Triple-S and GeoBlue enrollees should consult their plans' provisions for information about covered preventive care services.*

Out-of-Network Reimbursement

If you visit an out-of-network provider for preventive care services when a network provider is available, the plan covers 50 percent of the plan allowance, with no deductible, and you pay the remaining 50 percent and any charges above the allowed amounts.

When you live in a non-network area, you are entitled to a \$0 copay for a visit with a primary care physician and a gynecologist.

Find out if the healthcare provider you plan to visit participates in the PPO network so you receive maximum reimbursement.

To do this, you can

- contact your provider's office directly;
- call Highmark at 888-835-2959;
- select **Find a Doctor or Rx**, then click on **Find a Doctor, Hospital or Other Medical Provider** on Highmark Blue Cross Blue Shield's website, highmarkbcbs.com; or
- use Benefits Connect.

Coverage of Additional Services

The Board follows the recommendations of the U.S. Preventive Services Task Force. (See schedule on the reverse side.) If your provider conducts tests or services beyond those recommendations, they are considered to be beyond the scope of the preventive care benefit and subject to normal plan provisions (i.e., deductible and copayment rules apply to covered tests and services.) For example, some providers perform routine electrocardiograms (EKGs) during preventive exams; under the Medical Plan, such a test would be covered under normal plan provisions and subject to a deductible and copayment.

This is not a full description of benefits and limitations of the plan. If there is any difference between the information presented here and the provisions of the Benefits Plan of the Presbyterian Church (U.S.A.), the plan terms will govern. Visit pensions.org or call the Board at 800-773-7752 (800-PRESPLAN) for a copy of the plan document.

P R E V E N T I V E H E A L T H C A R E A G E 1 9 +

	Procedure	Frequency	Insurance Code
General	Physical Exams/ Health Guidance	Annually	99381, 99385, 99386, 99387, 99391, 99395, 99396, 99397, 99342
	Blood Pressure Screening	At each office visit	
	Pelvic/Breast Exam	Annually	50610, 50612
Screenings/Procedures	Cholesterol Screening	Annually	80061, 82465, 83718, 84478, 83721
	Fasting Blood Glucose	Screenings should start at age 45 at three-year intervals unless risk factors are involved	82947, 82948
	Abdominal Aortic Aneurysm Screening	One screening for men from ages 65-75 who have smoked	G0389
	Lung Cancer Screening	Annual screening for adults from ages 55 to 80 who have 30 pack/year smoking history and currently smoke or have quit within the last 15 years	S8032
	Mammogram	Annually after age 40	76083, 76092, 88052, G0202, G0203, 76090, Y7608, Y7609, 77063
	BRCA Mutation	One-time genetic assessment for breast and ovarian cancer susceptibility (as recommended by your physician); annual breast MRI if BRCA positive or immediate family of BRCA carrier but untested. As recommended by your physician for women meeting high-risk criteria.	S3818-S3820, S3822, S3823, 81211-81217
	Pap Test	Females 21-65: Every three years, or annually as recommended by your physician. Females 30-65: Can be performed every five years if combined Pap and HPV are negative. Females over 65: As recommended by your physician.	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, S8810, Z8810
	Gonorrhea, Chlamydia, and Syphilis Screening	As recommended by your physician	86592, 86593, 86689, 86701, 86702, 86703, 87320, 87390, 87391, 87534-87536, 87537, 87538, 87491, 87492, 87539, 87590-87592, 87620-87622, 87660, 87810, 87389, 87808, 87850, 86631, 86632, 87110, 87270
	HIV Screening	During pregnancy and as recommended by your physician	G0432, G0433, G0435, S3645
	Bone Mineral Density Screening	Every two years: women over age 65, men over age 70, and post-menopausal women who have had a fracture or have risk factors	78351, G0130, 76977, 77078-77082, 76070, 76071, 76075, 76076
	Colorectal Cancer Screening	Beginning at age 50, annual screening with fecal occult blood test or screening every five years with sigmoidoscopy or colonoscopy every 10 years	44388, 44389, 44391-44394, 45355, 45380-45383, 45385, 45391, 45392
	Prostate Cancer Screening	Annually	G0102, G0103, S0605
	Urinalysis	Annually	81000, 81001, 81002, 81003, 81005
	Venipuncture	Annually	36415, 36416
	Complete Blood Count (CBC)	Annually	85025, 85027
	Hepatitis B Screening	As recommended by your physician	86704, 86705, 86706, 87340, 87341
	Hepatitis C (HCV) Screening	Age 18 and older as recommended by your physician	86803, 86804, 87520, 87521, 87522
	Immunizations	Tetanus/Diphtheria/Pertussis (Whooping Cough) (Tdap)	Booster every 10 years and during each pregnancy
Measles/Mumps/Rubella (MMR)		As recommended by your physician	90707
Pneumococcal		At-risk adults or at age 65: one to two doses as recommended by your physician.	90732
Influenza		Annually	90658, 90654, 90656, 90659, 90660, 90661, 90662, 90672, 90673, 90686, 90688, 90756, Q2033-Q2039
H. Influenza B (HIB)3		One dose administered for functional or anatomic asplenia or sickle cell disease or 14 or more days before elective splenectomy if not received before. Three-dose regimen 6-12 months after successful hematopoietic stem cell transplant; 4 weeks between doses. Not recommended for adults with HIV infection.	90645, 90646, 90647, 90648, 90720, 90721
H1N1		As recommended by your physician	90470, G9141
Chicken Pox		One two-dose series for those who have not had chicken pox	90716
Hepatitis A		One two-dose series	90632-90634, 90636
Hepatitis B		One three-dose series	90740, 90747, 90748, 90723, 90744, 90746, Q3021-Q3023
Meningococcal		One dose per lifetime	90733, 90734
Human Papillomavirus (HPV)		Females 19-26: one three-dose series	90649, 90650
Zoster		One dose as recommended by your physician	90736

