

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 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 a network provider.

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.*

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	90698, 90700, 90701, 90703, 90714, 90715, 90718, 90719, 90720
		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	

