UFCW Unions & Participating Employers Active Health and Welfare Plan
ACA COVERED PREVENTIVE SERVICES

AS OF JANUARY 1, 2026

The following does not apply to participants enrolled in Kaiser Permanente HMO. Contact Kaiser directly for questions about Kaiser coverage.

PREVENTIVE SERVICES

Preventive Services Benefit Overview

This Plan provides coverage for certain preventive services as required by the Patient Protection and Affordable Care Act of 2010 (ACA). Coverage is provided on an in-network basis only, with no cost sharing (for example, no deductibles, coinsurance, or copayments), for the following services:

- Services described in the United States Preventive Services Task Force (USPSTF) A and B recommendations,

- Services described in guidelines issued by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC), and

- Health Resources and Services Administration (HRSA) guidelines including the American Academy of Pediatrics *Bright Futures* guidelines and HRSA guidelines relating to services for women.

In-network preventive services that are identified by the Plan as part of the ACA guidelines will be covered with no cost sharing. This means that the service will be covered at 100% of the Plan's allowable charge, with no coinsurance, copayment, or deductible.

If preventive services are received from an out-of-network provider, they will not be eligible for coverage under this preventive services benefit.

In some cases, federal guidelines are unclear about which preventive benefits must be covered under the ACA. In that case, the Plan will determine whether a particular benefit is covered under this preventive services benefit.

Dependent children will be provided the full range of covered preventive services applicable to them (e.g., for their age group) without cost sharing and subject to reasonable medical management techniques.

The following services/supplies are covered under the Plan's preventive services benefit with no cost sharing.

Covered Preventive Services for Adults

- One-time screening for abdominal aortic aneurysm by ultrasonography in men ages 65 to 75 years who have ever smoked.

- Unhealthy alcohol use screening and counseling. Screening and behavioral counseling interventions to reduce unhealthy alcohol use by adults ages 18 and older, including pregnant women, in primary care settings.

- Blood pressure screening for all adults age 18 and older. Blood pressure screening is not payable as a separate claim, as it is included in the payment for a physician visit.

- Cholesterol screening (lipid disorders screening) for adults ages 40 to 75 years.

- Colorectal cancer screenings using stool-based methods (such as, fecal occult blood testing), sigmoidoscopy, and colonoscopy for adults age 45 to 75, including bowel preparatory medications as required. The Plan will not impose cost sharing with respect to a polyp removal during a colonoscopy performed as a screening procedure. In addition, the Plan will not impose cost sharing with respect to anesthesia services, a pre-procedure specialist consultation, or a pathology examination on a polyp biopsy, performed in connection with a preventive colonoscopy when the attending provider determines such services to be medically appropriate for the individual.

- Depression screening for adults.

- Screening for anxiety disorders in adults ages 64 or younger.

- Suicide Risk screening for adults, pregnant and postpartum persons, and older adults (65 years or older).

- Prediabetes and type 2 diabetes screening in asymptomatic adults aged 35 to 70 who are overweight or obese, as part of cardiovascular risk assessment, with effective preventive interventions for patients with prediabetes.

- Behavioral counseling interventions to promote a healthy diet and physical activity for adults with certain cardiovascular disease risk factors.

- Exercise interventions to prevent falls in community-dwelling adults age 65 or older who are at increased risk for falls.

- HIV screening for all adolescents and adults ages 15 to 65 and for younger and older individuals at increased risk.

- Obesity screening and counseling (or referral to counseling) for adults with a body mass index of 30 or higher (calculated as weight in kilograms divided by height in meters squared), including intensive, multicomponent behavioral interventions.

- Tobacco use screening for all adults and cessation interventions for tobacco users. Cessation interventions are limited to two (2) tobacco cessation attempts per year. A cessation attempt includes coverage for: (i) four (4) tobacco cessation counseling sessions of at least ten minutes each (including telephone counseling, group counseling and individual counseling) without prior authorization; and (ii) all FDA-approved tobacco cessation medications (including both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by a health care provider, without prior authorization.

- Counseling for young adults to age 24 who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.

- Counseling for parents of young children about minimizing exposure to ultraviolet radiation for persons ages six (6) months to 24 years with fair skin types to reduce their risk of skin cancer.

- Screening for hepatitis B virus infection in adults at increased risk for infection.

- Screening for hepatitis C virus (HCV) infection in adults aged 18 to 79 years.

- Annual screening for lung cancer with low-dose computed tomography in adults ages 50 to 80 years who have a 20 pack/year smoking history and currently smoke or have quit within the past 15 years.

- Screening for latent tuberculosis infection in populations at increased risk.

- Pre-exposure prophylaxis (PrEP) with effective antiretroviral therapy to persons at increased risk of HIV, including related monitoring and support services as recommended by the individual's health care provider, as follows:

    - HIV testing

    - Hepatitis B and C testing

    - Kidney function tests

    - Pregnancy testing

    - Screening and counseling for sexually transmitted infections (STIs)

    - Adherence counseling (counseling to ensure that PrEP is used as prescribed)

- COVID-19-related preventive services with an "A" or "B" recommendation from the U.S. Preventive Services Task Force (USPSTF) 15 business days after any such recommendation is made.

- Screening by asking questions (not by testing biological specimens) about unhealthy drug use in adults age 18 years or older.

- Behavioral counseling for adults who are at increased risk for sexually transmitted infections (STIs).

- Screening for Syphilis Infection in Nonpregnant Adolescents and Adults: The USPSTF recommends screening for syphilis in non-pregnant adolescents and adults who are at increased risk of infection.

Covered Preventive Services for Women, Including Pregnant Women

- Well-woman office visits for women beginning in adolescence and continuing across the lifespan, for the delivery of required preventive services. Well-women visits include pre-pregnancy, prenatal, postpartum, and interpregnancy visits.

- Bacteriuria urinary tract or other infection screening for pregnant women. Screening for asymptomatic bacteriuria with urine culture for pregnant women is payable at 12 to 16 weeks' gestation or at the first prenatal visit, if later.

- Screening for preeclampsia and other hypertensive disorders in pregnant women with blood pressure measurements throughout pregnancy. Blood pressure screening is not payable as a separate claim, as it is included in the payment for a physician visit.

- Screening for women who have a personal or family history or an ancestry associated with breast, ovarian, tubal or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). For women with positive screening results, the Plan will cover, without cost sharing, genetic counseling and, if indicated after counseling, BRCA testing. Only women who have not been diagnosed with BRCA-related cancer are eligible for this benefit.

- Breast cancer screening mammography for women with or without clinical breast examination and with or without diagnosis, every one (1) to two (2) years for women ages 40 and older. Women may require additional imaging to complete the screening process or to address findings on the initial screening mammography. If additional imaging (e.g., magnetic resonance imaging (MRI), ultrasound, mammography) and pathology evaluation are indicated, these services also are covered to complete the screening process for malignancies.

- Breast cancer preventive medication counseling for women at higher risk. The Plan will pay for counseling by physicians with women aged 35 years or older at high risk for breast cancer to discuss medications to reduce their risk.

- Lactation support services, including consultation, counseling, education by clinicians, peer support services, and breastfeeding equipment and supplies. Covered breastfeeding equipment and supplies, include, but are not limited to, double electric breast pumps (including parts and maintenance) and breast milk storage supplies. Access to double electric pumps is not contingent upon the failure of a manual pump. Breastfeeding equipment may also include other clinically recommended supplies and equipment.

- Patient navigation services for breast and cervical cancer screening and follow-up to help patients overcome barriers to completing recommended screenings and follow-up care. These individualized services include, but are not limited to, person-centered assessment and planning, help with accessing and navigating the health care system, referrals to appropriate support services (e.g., language translation, transportation, and social services), and patient education.

- Screening for cervical cancer every three (3) years with cervical cytology alone in women ages 21 to 29 years. For women ages 30 to 65 years, screening every three (3) years with cervical cytology alone, every five (5) years with high-risk human papillomavirus (hrHPV) testing alone, or every five (5) years with hrHPV testing in combination with cytology.

- Chlamydia infection screening for all sexually active non-pregnant young women ages 24 and younger, and for older non-pregnant women who are at increased risk, as part of a well woman visit. For all pregnant women ages 24 and younger, and for older pregnant women at increased risk, chlamydia infection screening is covered as part of the prenatal visit.

- Contraceptive methods, including barrier methods, hormonal methods, and implanted devices, sterilization procedures, and patient screening, education, and counseling for adolescent and adult women of reproductive capacity. Services related to follow-up and management of side effects, counseling for continued adherence, and device removal are also covered without cost sharing.

  The Plan will cover at least one (1) form of contraception in each of the following contraceptive methods with no cost sharing. This coverage includes the clinical services, including patient education and counseling, needed for provision of the contraceptive method:

  - Sterilization surgery for women

  - Surgical sterilization implant for women

  - Implantable rod

  - Intrauterine device (IUD) copper

- IUD with progestin (all durations and doses)
- Shot/injection
- Oral contraceptives (combined pill)
- Oral contraceptives (progestin only)
- Oral contraceptives (extended or continuous use)
- the contraceptive patch
- Vaginal contraceptive ring
- Diaphragm
- Contraceptive sponge
- Cervical cap
- Condoms
- Spermicide
- Emergency contraception (levonorgestrel, Plan B®/Plan B One Step®/Next Choice One Dose®)
- Emergency contraception (ulipristal acetate, Ella®)
- Any additional contraceptives approved, granted, or cleared by the FDA

The Plan will utilize reasonable medical management techniques to control costs of this benefit, such as imposing cost sharing, including full cost sharing, on some items and services within each contraceptive method listed above. However, if an individual's attending provider recommends a particular contraceptive service or FDA-approved item based on a determination of medical necessity with respect to that individual, the Plan will cover that contraceptive service or item without cost sharing.

- Gonorrhea screening for all sexually active women ages 24 and younger and in women 25 years or older who are at increased risk for infection, as part of a well woman visit or prenatal visit.

- Counseling for Sexually Transmitted Infections (STIs) for sexually active adolescents and adult women at high risk for STIs. Risk factors, include, but are not limited to, age, if less than 25 years old, a recent history of an STI, a new sex partner, multiple partners, a partner with concurrent partners, a partner with an STI, and a lack of or inconsistent condom use.

- Counseling and screening for HIV for all adolescent and adult women, ages 15 and older, or age 13 years or older if the individual is at increased risk. Risk assessment and prevention education for HIV infection beginning at age 13 and continuing according to risk.

- Hepatitis B screening for pregnant women at their first prenatal visit.

- Screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool.

- Screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older.

- Rh incompatibility screening for all pregnant women during their first visit for pregnancy related care, and follow-up testing for all unsensitized Rh (D) negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh (D) negative.

- Screening for Diabetes in Pregnancy after 24 weeks of gestation (preferably between 24 and 28 weeks of gestation) to prevent adverse birth outcomes and screening pregnant women with risk factors for type 2 diabetes or GDM before 24 weeks of gestation.

- Tobacco use screening and cessation interventions for all women, as part of a well woman visit, and expanded counseling for pregnant tobacco users. For those who use tobacco products, interventions are limited to two (2) tobacco cessation attempts per year. A cessation attempt includes coverage for: (i) four (4) tobacco cessation counseling sessions of at least ten minutes each (including telephone counseling, group counseling and individual counseling) without prior authorization; and (ii) all FDA-approved tobacco cessation medications (including both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by a health care provider, without prior authorization.

- Early screening for syphilis infection in all pregnant women.

- Screening and counseling for interpersonal and domestic violence, at least annually as part of a well woman visit.

- Depression screening for pregnant and postpartum women.

- Counseling interventions for pregnant and postpartum women at increased risk of perinatal depression.

- Screening for urinary incontinence annually.

- Screening for anxiety.

- Screening for diabetes after pregnancy in women with history of gestational diabetes who are not currently pregnant and who have not previously been diagnosed with type 2 diabetes.

- Screening for intimate partner violence (IPV) in women of reproductive age and provision of or refer to ongoing support services for women who screen positive.

- Cervical dysplasia screening for women aged 21-65.

- Counseling for midlife women ages 40 to 60 years with normal or overweight body mass index (BMI) (18.5-29.9 kg/m2) to maintain weight or limit weight gain to prevent obesity.

- Behavioral counseling interventions for pregnant persons aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.

Covered Preventive Services for Children

- Well baby and well child visits from birth through 21 years as recommended for pediatric preventive health care by "Bright Futures/American Academy of Pediatrics." Visits will include the following age-appropriate screenings and assessments:

    - Developmental screening for children under age three (3), and surveillance throughout childhood

    - Behavioral/social/emotional assessments annually for children from birth to age 21

    - Medical history

    - Blood pressure screening

    - Vision screening

    - Hearing screening for all newborns and regular screenings for children and adolescents as recommended by their provider

    - Height, weight and body mass index (BMI) measurements for children

    - Autism screening for children at 18 and 24 months

    - Alcohol and drug use assessments for adolescents

    - Critical congenital heart defect screening in newborns

- Phenylketonuria (PKU) screening for newborns

- Hematocrit or hemoglobin screening for children

- Lead screening for children at risk of exposure

- Tuberculin testing for children at higher risk of tuberculosis

- Dyslipidemia screening for children once between ages nine (9) and 11 and once between ages 17 and 21, and for all children at higher risk of lipid disorders

- Oral health risk assessment

- Bilirubin concentration screening for newborns

- Newborn screening tests recommended by the Advisory Committee on Heritable Disorders in Newborns and Children (such as hypothyroidism screening for newborns and sickle cell screening for newborns).

- Counseling for children, adolescents, and young adults ages six (6) months to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce the risk for skin cancer.

- Obesity screening for children and adolescents ages six (6) years and older, and counseling or referral to comprehensive, intensive behavioral interventions to promote improvement in weight status.

- Screening for hepatitis B virus infection in newborns and adolescents up to 21 years old.

- HIV screening for adolescents ages 15 and older and for younger adolescents at increased risk of infection.

- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adolescents at high risk for getting HIV through sex or injection drug use.

- Primary care interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents.

- Application of fluoride varnish by primary care clinicians to the primary teeth of all infants and children starting at the age of primary tooth eruption and every three (3) to six (6) months once teeth are present through age five (5) years.

- Syphilis screening for adolescents who are at increased risk for infection.

- For adolescents, screening and counseling for interpersonal and domestic violence.

- Vision screening at least once in all children ages three (3) to five (5) years to detect amblyopia or its risk factors.

- Anxiety screening for adolescent women.

- COVID-19-related preventive services with an “A” or “B” recommendation from the U.S. Preventive Services Task Force (USPSTF) 15 business days after any such recommendation is made.

- Sexually transmitted infection (STI) behavioral counseling and screening for all sexually active adolescents.

- For pregnant adolescents, behavioral counseling interventions aimed to promote healthy weight gain and prevent excess gestational weight gain during pregnancy.

- Assessments of risk for conditions that can lead to sudden cardiac arrest or death in children ages 11 to 21 years.

- Screening for major depressive disorder and suicide risk in children and adolescents ages 12 to 18 years.

- Screening for anxiety in children and adolescents ages 8 to 18 years.

Immunizations

Routine adult immunizations are covered for you and your covered eligible dependents who meet the age and gender requirements and who meet the CDC medical criteria for recommendation.

- Immunization vaccines for adults—doses, recommended ages, and recommended populations must be satisfied:

    - Anthrax

    - Cholera

    Combined DTaP/IPV/Hib/HepB
    - Covid-19

    Dengue
    - Diphtheria, Tetanus and Pertussis

- Ebola
- Hepatitis A
- Hepatitis B
- Human Papillomavirus (HPV)
- Influenza
- Japanese Encephalitis
- Measles, Mumps and Rubella
- Meningococcal
- Orthopoxviruses (Smallpox and Mpox)
- Pneumococcal
- Polio
- Rabies
- Respiratory Syncytial Virus
- Rotavirus
- Tick-Borne Encephalitis
- Typhoid
- Varicella (Chickenpox)
- Yellow Fever
- Zoster (Shingles)
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- Immunization vaccines for children from birth to age 18—doses, recommended ages, and recommended populations must be satisfied:
  - Hepatitis A
  - Hepatitis B

- Rotavirus
- Diphtheria, Tetanus, and Acellular Pertussis
- Haemophilus influenzae type b
- Pneumococcal conjugate
- Inactivated Poliovirus
- Influenza
- Measles, Mumps, Rubella
- Varicella
- Meningococcal
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- Meningococcal B
- Human papillomavirus (HPV)
- COVID-19
- Respiratory syncytial virus
- Dengue
- Mpox

Preventive Medications

- Oral fluoride supplements prescribed by primary care clinicians for preschool children starting at age six (6) months whose primary water source is deficient in fluoride.
- Folic acid supplements containing 0.4 to 0.8 mg for women planning or capable of pregnancy.
- Prophylactic ocular topical medication for all newborns for the prevention of gonorrhea.
- For women at increased risk for breast cancer and at low risk for adverse medication effects, risk-reducing medications such as tamoxifen or raloxifene or an aromatase inhibitor.

- Aspirin (low dose) as a preventive medication after 12 weeks of gestation in women who are at high risk of preeclampsia.

- A statin for the primary prevention of cardiovascular disease ("CVD") for adults aged 40 to 75 years who have 1 or more CVD risk factors (i.e. dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater.

- Pre-exposure prophylaxis (PrEP) (as provided under Covered Preventive Services for Adults and Children, above).

- Bowel preparatory medications as required in connection with colorectal cancer screenings (as provided under Covered Preventive Services for Adults, above).

- FDA-approved tobacco cessation medications (as provided under Covered Preventive Services for Adults, above).

- FDA-approved contraceptives (as provided under Covered Preventive Services for Women, Including Pregnant Women, above).

- Fluoride varnish for infants and children starting at the age of primary tooth eruption through age five (5) years (as provided under Covered Preventive Services for Children, above).

- COVID-19-related preventive services with an "A" or "B" recommendation from the U.S. Preventive Services Task Force (USPSTF) fifteen (15) business days after any such recommendation is made.

Over-the-counter preventive medications require a written prescription from your physician.

Office Visit Coverage

Preventive services are paid for based on the Plan's payment schedules for the individual services. However, there may be limited situations in which an office visit is payable under the preventive services benefit. The following conditions apply to payment for in- network office visits under the preventive services benefit. Out-of-network office visits are not covered under the preventive services benefit under any condition.

- If a preventive item or service is billed separately from an office visit, then the Plan will impose cost sharing with respect to the office visit.

- If the preventive item or service is not billed separately from the office visit, and the primary purpose of the office visit is the delivery of such preventive item or service, then the Plan will pay 100 percent for the office visit.

- If the preventive item or service is not billed separately from the office visit, and the primary purpose of the office visit is not the delivery of such preventive item or service, then the Plan will impose cost sharing with respect to the office visit.

For example, if a person has a cholesterol-screening test during an office visit, and the doctor bills for the office visit and separately for the lab work associated with the cholesterol-screening test, the Plan will require a copayment for the office visit but not for the lab work. If a person sees a doctor to discuss recurring abdominal pain and has a blood pressure screening during that visit, the Plan will charge a copayment for the office visit because the blood pressure check was not the primary purpose of the office visit.

Well child annual physical exams recommended in the Bright Futures Recommendations are treated as preventive services and paid at 100%. Well woman visits for women beginning in adolescence are also treated as preventive services and paid at 100%.

Preventive Services Coverage Limitations and Exclusions

- The Plan may cover a generic drug without cost sharing and charge cost sharing for an equivalent branded drug; however, the Plan will accommodate any individual for whom the generic would be medically inappropriate, as determined by the individual's health care provider.

- Preventive services are covered when performed for preventive screening reasons and billed under the appropriate preventive services codes. Services covered for diagnostic reasons are covered under the applicable benefit, not the preventive services benefit.

- Services covered under the preventive services benefit are not also payable under other portions of the Plan.

- The Plan will use reasonable medical management techniques to control costs of the preventive services benefit. Specifically, the Plan will only cover the most cost-effective test methodology that is medically appropriate for the patient for all preventive tests and services on this list. The Plan will also establish treatment, setting, frequency, and medical management standards for specific preventive services, which must be satisfied in order to obtain payment under the preventive services benefit.

- Immunizations are not covered, even if recommended by the CDC, if the recommendation is based on the fact that some other risk factor is present (e.g., on the basis of occupational, lifestyle, or other indications). Travel immunizations, e.g., typhoid, yellow fever, cholera, plague, and Japanese encephalitis virus) are not covered.

- Examinations, screenings, tests, items or services are not covered when they are investigational or experimental, as determined by the Plan.

- Examinations, screenings, tests, items, or services are not covered when they are provided for the following purposes:

    - When required for education, sports, camp, travel, insurance, marriage, adoption, or other non-medical purposes;

    - When related to judicial or administrative proceedings;

    - When related to medical research or trials, except to the extent the Plan is required by law to cover the examination, screening, test, item, or service; or

    - When required to maintain employment or a license of any kind.

- Services related to male reproductive capacity, such as vasectomies, are not covered.