

## CBIZ Has You Covered – Really 100%

In addition to the increased age limit for covering dependents and changes to the FSA and HSA reimbursement of over-the-counter medication, new healthcare regulations will require some plans to cover **preventive services\* at 100% without any cost-sharing requirements (i.e. co-pays, deductibles or co-insurance) when services are performed by an in-network provider. This provision applies to plans that have lost grandfathered status\*\* effective the first date of the first plan year beginning on or after September 23, 2010. Even though the CBIZ plans will retain grandfathered status for 2011, CBIZ has elected to implement this expanded preventive care coverage effective January 1, 2011.**

CBIZ understands the value of preventive exams and currently offers 100% coverage for many in-network preventive services without cost-sharing across all CBIZ medical plans.

**Effective January 1, 2011 the following expanded list of preventive services will be covered under all CBIZ medical plans:**

### All members:

- Yearly (preventive) wellness exams
- Standard immunizations recommended by ACIP

### All members at an appropriate age and risk factor:

- Screening for colorectal cancer, elevated cholesterol and lipids, certain sexually transmitted diseases and HIV, high blood pressure, diabetes and depression
- Screening and counseling for alcohol or substance abuse, tobacco use, obesity, diet and nutrition

### Women:

- Screenings for mammography and evaluation for genetic testing for breast cancer gene,
- Screenings for cervical cancer including Pap Smears;
- Screening pregnant women for anemia, iron deficiency, bacteriuria, hepatitis B, Rh and incompatibility and sexually transmitted diseases
- Osteoporosis screening (60 years or older)
- Counseling for women with high risk of breast cancer for chemoprevention

### Men:

- Screening for prostate cancer (40 years or older)
- Screening for abdominal aortic aneurysm (65 – 75 years old)

### Children:

- Newborn screenings for hearing, thyroid disease, phenylketonuria, and sickle cell anemia
- Standard metabolic screening panel for inherited enzyme deficiency diseases
- Counseling on the importance of Fluoride prevention of dental cavities
- Screening for major depressive disorders
- Vision screening
- Autism screening
- Screening for lead and tuberculosis
- Counseling for obesity

In some cases preventive services may be charged separately from the office visit. In this case, cost-sharing can be imposed on the office visit but not the preventive service. If the office visit and the preventive service are charged together, cost-sharing potential depends on the primary purpose of the office visit. If the primary purpose of the office visit is for a preventive service, cost-sharing cannot occur. Talk with your physician's office to determine if your office visit will be charged separately from your preventive service(s).

*\* Covered preventive services are those services outlined by the United States Preventive Services Task Force (USPSTF, class A and B recommendations), the Advisory Committee of Immunization Practices (ACIP) and comprehensive guidelines supported by the Health Resources and Services Administration (HRSA) which include American Academy of Pediatrics Bright Futures recommendation for pediatric preventive health care.*

*\*\* Grandfathered plans or plans with grandfathered status are insured or self-funded group health plans that were in existence on March 23, 2010 and have since then not significantly cut benefits or increased out-of-pocket spending for consumers on the plan.*