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October is Breast Cancer Awareness Month. Please schedule your annual mammograms. Also, in this issue, I am reminding you of what is covered under the Women's Preventive Services Mandate.

Dear Patty:

Q: I had a screening mammogram 3 months ago and now my doctor is ordering a diagnostic mammogram. Is it covered at a \$0 copay as well?

A: Yes, diagnostic mammograms are covered and it is \$0 copay. If your doctor ordered any other tests, such as ultrasounds or MRI's, then there will be a member cost share based on where you have the services.

Q: How often can I have a Mammogram?

A: You may have a Mammogram annually starting at age 40. Your plan covers one per calendar year. You DO NOT need to wait 365 days after your last Mammogram.

Q: I received abnormal results of my Mammogram from the AdventHealth Mobile Mammography provider. I was referred to AdventHealth Hospital for a follow up ultrasound. Will it be covered?

A: The ultrasound will be covered but please be aware that it will cost you much more to have it performed in a hospital setting rather than at an Independent Diagnostic

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Testing Facility (IDTF), such as Tower Radiology Centers. If you are referred by one of the My Health Onsite physicians to Akumin/Rose Radiology, it will cost you \$0.

Q: What happens if I got billed from an out of network lab that provided the HPV Testing and Pap Results?

A: First, contact the doctor's office that ordered the lab work. Explain to them that you were billed by the out of network lab and they did not make you aware that the lab work was being sent to a lab other than Quest Diagnostics. If your efforts do not result in a favorable resolution, please contact me for assistance.

Q: What services are included in the Women's Preventive Services Mandate under the Patient Protection Affordable Care Act at \$0 member cost share in-network?

A: Below is a list of services at **\$0 member cost share** when **billed with a routine diagnosis code** and **performed by an in-network provider**.

PREVENTIVE SERVICE	DESCRIPTION OF BENEFITS
Human Papillomavirus (HPV) Testing	<ul style="list-style-type: none"> High-risk Human Papillomavirus DNA testing in women with normal cytology results. Screening should begin at 30 years of age and should occur no more frequently than every 3 years. <p>Note: To avoid additional out of pocket expenses, please remind your doctor to send the specimen to Quest Diagnostics, the preferred in-network lab.</p>
Counseling for sexually transmitted infections	<ul style="list-style-type: none"> These services can be obtained through your Primary Care Physician (PCP) or through your

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	behavioral health benefits.
Counseling & screening for human immune-deficiency virus (HIV)	<ul style="list-style-type: none"> • These services can be obtained through your Primary Care Physician (PCP) or through your behavioral health benefits.
Screening & counseling for interpersonal & domestic violence	<ul style="list-style-type: none"> • These services can be obtained through your Primary Care Physician (PCP) or through your behavioral health benefits.
Screening for gestational diabetes	<ul style="list-style-type: none"> • Screening for gestational diabetes in pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes.
Screening for diabetes mellitus after pregnancy	<ul style="list-style-type: none"> • Women with a history of gestational diabetes mellitus (GDM) who are not currently pregnant and who have not previously been diagnosed with type 2 diabetes mellitus should be screened for diabetes mellitus.
Lactation Support and Counseling Breastfeeding Pump and Supplies	<ul style="list-style-type: none"> • Prenatal services are covered as part of OB/GYN counseling • Postpartum services provided as needed in hospital during delivery stay or in OB/GYN office post-delivery • One electric or manual breast pump per pregnancy. Coverage will be the most effective electric breast pump as determined by CareCentrix. Please contact CareCentrix at 1-877-561-9936 to request a prior authorization for the breast pump.
Annual Well Woman	<ul style="list-style-type: none"> • One Adult Wellness Visit <i>per calendar year.</i>

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<p>Visits- expanded to include prenatal care</p>	<p>In addition, <u>a well woman exam</u> including the Pap Test is covered. <i>Florida Blue follows guidelines as recommended by the CDC and AHRQ. Women ages 21-29 should have a Pap Test every 3 years. Women ages 30-65 should have a Pap Test alone every 3 years or combined with HPV testing every 5 years. Women ages 65+ should discuss with their doctor. This may be performed by your Primary Care Physician or OB-GYN.</i></p>
<p>Contraceptive methods & counseling</p>	<ul style="list-style-type: none"> • Intrauterine Devices (IUD's) are covered 100% of allowable charges when billed as routine. This includes the insertion and removal of the device by an in-network provider. Devices covered at \$0 include those currently on the market: Paragard, Mirena, Skyla, Kyleena, and Lileeta. • The professional fees for tubal ligations will be covered at \$0 cost share in network. Copays/Deductible/Coinsurance for the facility charges (hospital) will still apply.
<p>BRCA risk assessment and genetic counseling/testing</p>	<ul style="list-style-type: none"> • The U.S. Preventive Services Task Force (USPSTF) recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing. • Prior Authorization may be required for the

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	<p>genetic testing. If approved, member cost share is \$0.</p> <p>Note: To avoid out of pocket expenses, please remind your doctor to use an in-network lab, such as Quest Diagnostics. If Quest Diagnostics or no other in network lab can perform the test, then a prior authorization is required to use an out of network lab.</p>
<p>Screening for urinary incontinence</p>	<ul style="list-style-type: none"> This screening is covered annually and may be part of a well woman exam.

Q: Are oral contraceptives covered under this mandate?

A: Yes, prescribed generic oral contraceptives, emergency contraceptives and diaphragms will be covered under the retail pharmacy benefit at \$0 cost share. (Note: If there is a medical reason why a member cannot use any of the generic oral contraceptives, an exception process administered by Prime will be available.). Please [click here](#) for the current Women's Preventive Services Drug and Device List. This is included in the Medication Guide which is updated quarterly. For the most current copy, please access the Florida Blue website at www.floridablue.com.

Q: Are hospital grade electric breast pumps covered as well?

A: No, these are excluded except when medically necessary during an inpatient stay.