Understanding **Preventive/Wellness Benefits** of the new health care reform law

Assurant Health plans include benefits to help customers proactively maintain their health. This includes the set of new preventive/wellness benefits under the Patient Protection and Affordable Care Act (i.e., the health care reform law) now included in all Assurant Health fully insured **Small Group plans** with effective dates March 24, 2010, and later and **self-funded plans** with new contracts issued on or after October 1, 2010.

**What are they?**

The wellness services included in the law are those mandated by the United States Preventive Services Task Force (USPSTF), Centers for Disease Control (CDC) and Health Resources and Services Administration (HRSA).

- The USPSTF recommendations are for the preventive services rated A or B and cover a broad range of services such as mammograms, screening for various diseases and conditions (e.g., high blood pressure, high cholesterol and diabetes) and counseling for certain issues (e.g., obesity, smoking cessation and diet).
- The CDC recommends an immunization schedule for infants through adults.
- The HRSA recommends wellness services for infancy through age 21, including well-child visits and various screenings.
- The HRSA anticipates it will publish wellness recommendations for women in August 2011.

Visit [uspreventiveservicestaskforce.org](http://uspreventiveservicestaskforce.org) and click the link under **Recommendations** and then the **Affordable Care Act** link for additional preventive care recommendations of the USPSTF.

**What is and isn’t included?**

While a number of diagnostic tests and screenings are part of the wellness services benefits, other charges related to those services, such as office visits and physician fees, may not be. Assurant Health will need to review what the provider submits as the purpose of the visit, as well as the type of services received, to determine if the office visit will be covered as a first-dollar benefit.*

**Sample of services included:**

<table>
<thead>
<tr>
<th>Service Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual mammograms for women 40 and over</td>
</tr>
<tr>
<td>Annual Pap tests for women</td>
</tr>
<tr>
<td>Child immunizations to age 21</td>
</tr>
<tr>
<td>Well-baby and well-child visits to age 21</td>
</tr>
<tr>
<td>Routine colonoscopy for adults 50 and over</td>
</tr>
<tr>
<td>Office visits for the purpose of preventive screenings included in the law</td>
</tr>
</tbody>
</table>

*If a non-network provider is used for these services, cost-sharing requirements (e.g., your responsibility for copay, deductible or coinsurance amount) will apply for self-funded plans and certain fully insured plans. Please refer to your coverage documents (insurance contract or Summary Plan Description) for complete details.
The Donovan Family — 4 Examples
Dean (49), Ann (46) and Ray (8)

1 When Ann goes to her doctor, she receives a gynecological exam with a Pap test. Under the health care reform law, these services and the office visit would be paid 100% by Assurant Health as long as the main purpose of the visit is preventive. Any other tests not part of the preventive/wellness recommendations may be subject to cost-sharing.*

2 When Ann takes her son, Ray, for his annual well-child visit, the doctor visit and any recommended immunizations Ray receives are paid 100% by Assurant Health. The Donovans wouldn’t pay a copay, even if their plan contained one. However, if during the annual well-child visit the doctor orders tests, conducts exams or consults on topics that are not part of the wellness/preventive benefits coverage, these services may be subject to a copay or other cost-sharing requirements.

3 Dean was diagnosed with high cholesterol two years ago. Now he schedules an office visit each year so his doctor can monitor this medical condition. The services Dean receives, including cholesterol tests, will be subject to cost-sharing and are not part of the first-dollar coverage requirement of the new law because Dean’s visit and cholesterol tests are for a diagnosed condition — not a screening test.

4 When the Donovans receive their annual flu shots, Assurant Health pays 100% of the flu shots for all covered family members. The office visit may be subject to cost-sharing.

While these examples provide a summary of the new preventive/wellness benefits, they are for general illustration only. If you use a non-network provider, cost-sharing* requirements will apply for self-funded plans and certain fully insured plans. Please refer to your coverage documents (insurance contract or Summary Plan Description) for complete details. If you have specific questions about your plan and the benefits included, please contact your agent or call the Customer Service number on the back of your medical ID card.

As always, you should talk to your primary doctor to establish the best plan for preventive care and wellness for your optimal health.

*Cost-sharing refers to your responsibility for copay, deductible or coinsurance amount. Assurant Health will need to review what the provider submits as the purpose of the visit, as well as the type of services received, to determine if the office visit will be covered as a first-dollar benefit. State-specific preventive/wellness regulations may also apply.
Preventive/wellness benefits
of your Assurant Health plan

To help you proactively maintain your health, all Assurant Health individual and small group major medical plans effective March 24, 2010, and later include preventive care benefits defined by the Patient Protection and Affordable Care Act (health care reform law). When you use a participating network provider, eligible preventive services will be covered without you paying any deductible, coinsurance or copay!

Covered preventive services for adults

<table>
<thead>
<tr>
<th>All adults — immunizations</th>
<th>All adults — screenings and counseling</th>
<th>Women — additional screenings and counseling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A</td>
<td>Alcohol misuse screening and counseling</td>
<td>Aspirin for prevention of certain cardiovascular diseases for women age 55-79</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Blood pressure screening</td>
<td>Genetic counseling for women at increased risk for the BRCA genetic mutation</td>
</tr>
<tr>
<td>Human papillomavirus (HPV)</td>
<td>Colorectal cancer screening</td>
<td>Counseling on chemoprevention for women at high risk for breast cancer</td>
</tr>
<tr>
<td>Influenza</td>
<td>Depression screening</td>
<td>Breast cancer screening via mammography for women age 40 and older</td>
</tr>
<tr>
<td>Measles, mumps and rubella</td>
<td>Type 2 diabetes screening for adults with elevated blood pressure</td>
<td>Cervical cancer screening via Pap smear</td>
</tr>
<tr>
<td>Meningococcal (meningitis)</td>
<td>Healthy diet counseling (behavioral dietary counseling for adults with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic diseases)</td>
<td>Chlamydia infection screening</td>
</tr>
<tr>
<td>Pneumococcal (pneumonia)</td>
<td>HIV screening for adults at increased risk</td>
<td>Folic acid supplementation</td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis</td>
<td>Obesity screening, counseling and behavioral interventions</td>
<td>Gonorrhea screening for women at high risk</td>
</tr>
<tr>
<td>(whooping cough)</td>
<td>STI counseling (behavioral counseling to prevent sexually transmitted infections) for adults at high risk</td>
<td>Lipid disorders screening for women of specific ages and at increased risk</td>
</tr>
<tr>
<td>Varicella (chicken pox)</td>
<td>Tobacco use counseling and cessation interventions</td>
<td>Osteoporosis screening for women age 60 and older, depending on risk factors for osteoporotic fractures</td>
</tr>
<tr>
<td>Zoster (shingles)</td>
<td>Syphilis screening for individuals at increased risk</td>
<td></td>
</tr>
</tbody>
</table>

Men — additional screenings and counseling

- Aspirin for prevention of certain cardiovascular diseases for men age 45-79
- Abdominal aortic aneurysm screening for men age 65-75 who have ever smoked
- Lipid disorders screening for specific ages or at increased risk
Covered preventive services

### Children and adolescents — screenings and counseling
- Oral fluoride supplementation for children age 6 months to 5 years when the primary water source is deficient in fluoride
- HIV screening for adolescents at increased risk
- Major depressive disorder screening for adolescents age 12-18
- Iron supplementation for children age 6 months to 1 year who are at increased risk for iron deficiency anemia
- Obesity screening and behavioral interventions for children age 6 and older
- STI counseling (behavioral counseling to prevent sexually transmitted infections) for adolescents at high risk
- Syphilis screening for adolescents at increased risk
- Visual impairment screening for children under age 5

### All children — immunizations
- Diphtheria, tetanus, pertussis
- Haemophilus influenza type B
- Hepatitis A
- Hepatitis B
- Human papillomavirus for females age 9 and older
- Inactivated poliovirus
- Influenza
- Measles, mumps and rubella
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Rotavirus
- Varicella (chicken pox)

### Newborn infants — screenings
- Biotinidase deficiency
- Congenital adrenal hyperplasia
- Congenital hypothyroidism
- Galactosemia
- Gonorrhea prophylactic medication
- Hearing loss
- Homocystinuria
- Maple syrup urine disease
- Medium chain acyl-CoA dehydrogenase (MCAD) deficiency
- Organic acid disorders
- Other fatty acid oxidation disorders
- Phenylketonuria
- Sickle cell disease
- Urea cycle disorders

### Pregnant women — additional screenings and counseling
- Alcohol misuse screening and counseling
- Anemia screening
- Bacteriuria screening
- Breastfeeding counseling
- Chlamydia infection screening
- Gonorrhea screening for women at high risk
- Hepatitis B screening
- Rh incompatibility screening
- Tobacco use counseling
- Syphilis screening

### How your plan pays for preventive services
Benefits are determined by the procedures and procedure codes submitted to us by your health care provider. When you use a participating network provider, eligible preventive services will be covered and you will not pay a deductible, coinsurance or copay. However, some charges related to covered preventive services, such as office visits and physician fees, may not be considered preventive benefits. Services intended to diagnose, treat or monitor an illness or injury are not considered preventive, so your plan deductible, coinsurance and copays may apply.

### How the guidelines were developed
The wellness services included are mandated by the United States Preventive Services Task Force (USPSTF), Centers for Disease Control (CDC) and Health Resources and Services Administration (HRSA). Visit uspreventiveservicestaskforce.org and click "Recommendations,” then "Affordable Care Act” for additional USPSTF recommendations.

For more information, please go to uspreventiveservicestaskforce.org.

### Excluded plans
100% coverage of these preventive services does not apply to Assurant Health AccessSM or Short Term Medical plans, nor does it apply to most "grandfathered" plans (those with effective dates on or before March 23, 2010). Excluded plans may offer different preventive services benefits. Please see your insurance contract for details.