

BTA Health Benefits Newsletter 3/15/12

Preventive Health Care

One aspect of preventive healthcare is finding and treating disease as soon as possible. Hence, it is important to visit your doctor on a regular schedule for recommended screenings in order to stay healthy and catch any disease early. If detected soon enough, a full cure is much more likely. Also, medical care is expensive, and preventing disease can help avoid a large financial loss or bankruptcy.

It is wise to take advantage of any preventive benefits that your insurance company offers; seriously, these companies are happy to cover preventive medical expenses because they have the statistics that proves how much it saves them down the road. They know the importance of preventing more serious and costly illness and how expensive it is to treat a chronic illness or serious malady.

The most important part of preventive health care is maintaining good health habits. This includes: Regular exercise-**Weight control** -Proper nutrition-Avoidance of smoking and **drug abuse** -Abstinence from, or moderation of, **alcohol use** -Proper control of any diseases or disorders, such as **high blood pressure, diabetes**, or high levels of **cholesterol** in the blood. In addition to these habits, some screening services may prove worthwhile in either preventing or at least minimizing disease:

1. Periodic screening of adults for specific problems is important and recommended:

- **Pap smear**
- **Breast self-examination**
- **Mammography**
- **Testicular self-examination**
- **PSA test**
- **Cholesterol screening**
- **Colon cancer screening**
- Skin check for irregular spots, moles or growths
- **Abdominal aortic ultrasound**
- **Blood pressure**

2. Many diseases can be effectively treated when detected early. See your primary health care provider right away if:

- A lump or persistent lesion appears on your body.
- You have **unexplained weight loss**.
- You have a lasting **fever**.
- You develop a chronic cough.
- You notice continued body aches and pains.

Pomco addresses preventive care as follows:

Newborns: Currently, POMCO covers 100% of allowed charges without deductible for routine well newborn nursery/physician care (including circumcision). This also covers 100% for out of network providers. This benefit applies to the first 4 days after birth while the newborn is hospital confined.

Children: Routine well child care is routine care by a Physician that is not for injury or sickness. This includes scheduled health care visits, related screenings and testing, and immunizations. In Network benefit is 100% of allowed charges after network copay. Out of Network you are responsible for any amounts over the allowed charges and an amount equivalent to your in Network copay (\$20).

Coverage for immunizations follows the recommendations of the Advisory Committee on Immunization Practices as set forth in NYS Insurance law. Immunizations given later than the recommended ages will still be covered if appropriate up to age 18.

Coverage for health care visits is consistent with the clinical standards set forth by the American Academy of Pediatrics Preventive Health Care Schedule:

After the baby is born, the next visit should be 2-3 days after bringing the baby home (for breast-fed babies) or when the baby is 2-4 days old (for all babies who are released from a hospital before they are 2 days old). For experienced parents, some health care providers will delay the visit until the baby is 1-2 weeks old.

After that, visits should occur at the following ages:

-By 1 month (although experienced parents can wait until 2 months);2 months;
4 months;6 months;9 months;1 year;15 months;18 months;2 years;3 years;4 years;
5 years;6 years;8 years;10 years; each year after that until age 21.

Adults: Routine well adult care is care by a physician that is not for an injury or sickness. In Network you are covered for 100% of allowed charges after Network copay. Out of Network covers 80% of allowed charge, and Providers may balance the bill the difference between the allowed charges and actual charges.

Routine adult physicals (over age 18) includes exam and age usual related tests, including hearing screening. Coverage is for employee, spouse/domestic partner, and dependent children (now to age 26-see previous newsletter). These are limited to once every 24 months. This benefit is not available to Retirees and their dependents.

Routine Screenings include:

Routine Mammography: Outpatient hospital charges: 100% covered after copay. Other providers are 100% plus copay in-network. Out-of-network is 80% of allowable charges plus copay. You are covered for:

1) A single baseline mammography for persons 35-39 years of age.

2) A mammography recommended by a physician at any age for a person who has a prior history of breast cancer or has a first degree relative with a prior history of breast cancer.

3) A mammography every two years for persons 40-49 years of age, or more frequently upon recommendation of a Physician with a medical rationale.

4) An annual mammography for persons 50 years of age or older. These are all limited to no more than one per year.

Gynecological exam and Pap test: Only covered In-Network for 100% of allowed charges after Network copay. Limited to once every 12 months. Not a benefit Out of Network.

Routine Prostate Cancer screening: The district offers a special program for routine prostate screening exams and related tests. This is scheduled once per year.

Of course, always confirm the most current and accurate benefits directly with POMCO at 1-800-358-8399.

Respectfully submitted 3/15/12 by Michael Hardiman