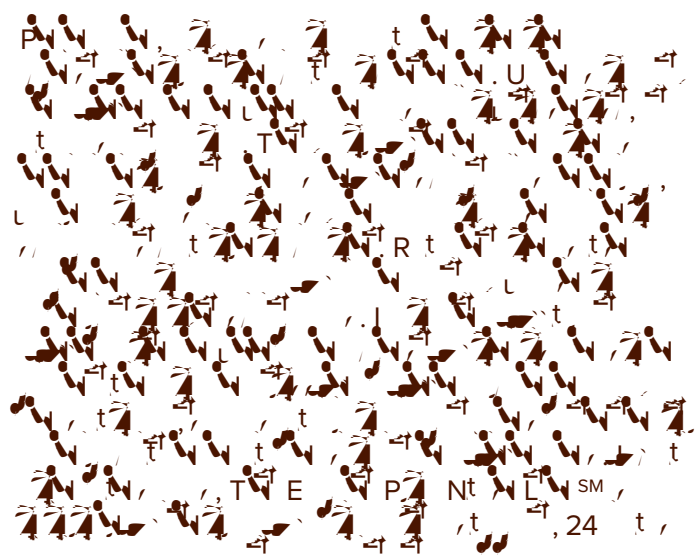


# 2022 Empire Plan Preventive Care Coverage Guide





The Empire Plan for Children (PPACA). These charts summarize preventive services covered with no copayment when received from an Empire Plan participating provider.<sup>1</sup>

## Children













Note: Visit frequency (V) is defined as follows: 1 = Annual; 2 = Every 6 months; 3 = Every 12 months; 4 = Every 18 months; 5 = Every 24 months; 6 = Every 36 months; 7 = Once in lifetime. COVID-19 services are covered with no copayment for all members of the Empire Plan for Children.

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-  newborn screenings
-  (PKU),
-  Gonorrhea preventive topical eye medication
-  Developmental/autism screening
-  Hematocrit or hemoglobin and blood pressure screenings
-  Cholesterol and lipid screening
-  Lead exposure screening
-  Tuberculosis screening
-  Visual Acuity Screening
-  Hearing screening
-  fluoride varnish
-  Obesity screening and counseling

- Screening for major depressive disorders
- HIV screening
- sexually transmitted infections (STIs) screenings and prevention counseling
- Cervical dysplasia screening
- Screening and counseling for interpersonal and domestic violence
- Skin cancer counseling
- Counseling and education by primary care clinicians to prevent initiation of tobacco use
- Alcohol and drug use assessments
- Screening for hepatitis B virus infection

<sup>1</sup> Preventive Services Task Force (PSTF), U.S. Department of Health and Human Services (HHS), (ACIP), U.S. Department of Health and Human Services (HHS), (HSA), Gt. Neck, NY: American Academy of Pediatrics (AAP); 2018. <https://www.aap.org/clinical-resources/preventive-services>.  
<sup>2</sup> D. A. Asch, M.D., M.P.H., et al. *Journal of General Internal Medicine*. 2014;29(1):46-52.  
<sup>3</sup> F. A. O'Leary, M.D., et al. *Journal of General Internal Medicine*. 2002;17(2):120-125.

To learn more, go to: [www.nySHIP.org](https://www.nySHIP.org).  
 For more information on the Empire Plan for Children, visit [www.nySHIP.org](https://www.nySHIP.org) or call 1-877-7-NYSHIP (1-877-769-7447).



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**Q: Why does it matter if my services are preventive versus diagnostic?**

**A:** Copayments are not assessed for preventive services. For example, if you have a preventive mammogram, you do not have to pay a copayment. However, if you have a diagnostic mammogram, you may have to pay a copayment. For example, if you have a diagnostic mammogram, you may have to pay a copayment of \$100. If you have a diagnostic mammogram, you may have to pay a copayment of \$100. If you have a diagnostic mammogram, you may have to pay a copayment of \$100.

**Q: How do I confirm that my doctor is an Empire Plan participating provider before I receive preventive care services?**

**A:** You can confirm that your doctor is a participating provider by calling the toll-free number 1-877-7-NYSHIP (1-877-769-7447). You can also check the Empire Plan website at [www.empireplan.com](http://www.empireplan.com). You can also check the Empire Plan website at [www.empireplan.com](http://www.empireplan.com). You can also check the Empire Plan website at [www.empireplan.com](http://www.empireplan.com).

**Q: If I have an abnormal finding on a preventive screening mammogram and the follow-up mammogram was found to be normal, will my future mammograms be covered with no copayment?**

**A:** Yes, if you have a normal follow-up mammogram, your future mammograms will be covered with no copayment. However, if you have an abnormal finding on a follow-up mammogram, you may have to pay a copayment. For example, if you have an abnormal finding on a follow-up mammogram, you may have to pay a copayment of \$100. If you have an abnormal finding on a follow-up mammogram, you may have to pay a copayment of \$100.

**Q: If a polyp is encountered during a preventive screening colonoscopy, are future colonoscopies covered under the preventive care services benefit?**

**A:** No, if a polyp is encountered during a preventive screening colonoscopy, future colonoscopies are not covered under the preventive care services benefit. However, if you have a normal follow-up colonoscopy, your future colonoscopies will be covered with no copayment. If you have a normal follow-up colonoscopy, your future colonoscopies will be covered with no copayment.

**Q: If I go to a participating provider for a preventive exam and a non-preventive service is performed during the same visit, such as a chest x-ray or urinalysis, would a copayment still apply?**

**A:** A copayment would still apply for the non-preventive service. For example, if you have a preventive exam and a chest x-ray is performed during the same visit, you would have to pay a copayment for the chest x-ray. If you have a preventive exam and a chest x-ray is performed during the same visit, you would have to pay a copayment for the chest x-ray.

**Q: I was charged a copayment for my annual physical and I am not sure why. Who should I contact?**

