

GOVERNMENT OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE
ESSENTIAL HEALTH BENEFIT AND PREVENTIVE SERVICES CHECKLIST

ATTACHMENT 6
REVISED 02/2020

COMPANY:
FORM(S) NUMBER:
SERFF TRACKING NUMBER:
MARKET TYPE

- Individual
 Small Group
 Large Group

Benefit	Description	Please specify location (Form/Page/Paragraph/ Other) of complying provision/language <u>or attach explanation for an N/A response</u>	FOR OFFICIAL USE ONLY
Essential Health Benefits			
Air ambulance	Covered, No limits. Out of area air ambulance coverage is not covered.		
Allergy tests	(50) Test per policy year per enrollee ¹ . Vaccines not covered.		
Bariatric Surgery	Subject to preauthorization. It must be covered the payment of (1) of the types of the bariatric surgery per member for life in Puerto Rico, if the services are available. The types of bariatric surgery that may be covered are the following: gastric bypass, adjustable band or sleeve gastrectomy. Coverage is available only to a diagnostic of morbid obesity. Morbid obesity means is the excess fat in the body determined by a body mass index (BMI) greater or equal to 35. The insured and dependents may have to meet a waiting period of 12 months before the benefit is covered, unless the physician certifies that the patient's life is in imminent danger. The facility must have accreditation from the Joint Commission and one of two entities the American College of Surgeon or the American Society for Metabolic and Bariatric Surgery. Surgeries to remove excess skin (commonly known as flaps) are not covered, unless the physician certifies that it is necessary to remove excess skin, since it affects the functionality of a limb or body part.		
Biophysical profile	(1) Procedure per pregnancy.		
Chiropractic Care	(20) Physical therapies or manipulations covered under a combined limit per policy year per enrollee.		
Contraceptive methods	Covered, No limits.		
Cryo-surgery of the uterus	(1) procedures per year per enrollee.		
Delivery and All Inpatient Services for Maternity Care	Delivery of baby (48) hour minimum length for vaginal delivery and (96) for cesarean delivery. Covered for main enrollee, spouse and dependent daughter.		

* Page number range are not accepted (i.e. 28-32)

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Delivery and All Inpatient Services for Maternity Care	Delivery of baby (48) hour minimum length for vaginal delivery and (96) for cesarean delivery. Covered for main holder, spouse and dependent daughter.		
Dental Check-Up for Children	Dental checkup and cleanings (2) per policy year per member (every (6) months); bitewings and periapicals no more than one set every 3 years.		
Diagnostic Test (X-Ray and Lab Work)	No Limits. The reproduction of X-Rays must be covered. Laboratories related to infertility problems are covered as long as the same are laboratories covered in the policy.		
Dialysis and hemodialysis	(90) Days. Services related to any type of dialysis or hemodialysis, as well as services for any complication that may arise and their corresponding hospital or medical-surgical services. Will be covered for the first (90) days from: a) the date in which the member became eligible for the policy during the first time or, b) the date in which he/she received the first dialysis and hemodialysis. This will apply when subsequent dialysis or hemodialysis are related to the same clinical conditions. These services must be covered for inpatient and outpatient services.		
Durable Medical Equipment	Covered with a preauthorization from plan rental or purchase of oxygen and necessary equipment for its administration/wheelchair/hospital bed. Mechanical respirators and ventilators are covered without limits as required by Law No. 62 of May 4, 2015 to member's patients under age of (21) and those who have started treatment as minors and meet (21) years and who received medical services or receive home care will continue to receive these services after (21) years of age. Coverage include also the following benefits: technological equipment necessary to enable the insured to stay alive; at least one daily shift of (8) hours of skilled nursing services with expertise in respiratory therapy or respiratory therapy specialists with expertise in nursing; supply that involve the management of the technological equipment; physical and occupational therapy.		
Emergency Room Services	No Limits. No preauthorization or waiting period required. Emergency services for out-network providers cannot be covered through reimbursement. Limitations indicating that the emergency service must be received during the first 24 hours are not accepted. Carrier with emergency telephone lines that offers waiver or a lower copayment or coinsurance if the member calls to such line cannot make any difference between an in-network or out-network provider.		

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Emergency Transportation/Ambulance	Services requested through the 9-1-1 Emergency System, covered and paid directly to the provider . Other transportation services (i.e. transportation between institutions) covered by reimbursement up to \$80 per trip.		
Eye Glasses for Children	(1) pair of glasses (lenses and frames per year per member), supplemented using FEDVIP. Low Vision coverage - Glasses for member until age (21). (1) pair per policy year per member within the contracted collection, including high-powered glasses to policyholders with significant loss of vision, but do not have totally blind. Also covers one item per year per member, visual aids (prescription lenses, telescopes single or double lens) to policyholders up to age (21) with significant loss of vision, but do not have totally blind. Services related to Eye glasses cannot be provided through reimbursement, discounts or allowance.		
Gastrointestinal endoscopies	Covered, No Limits.		
Generic Drugs	Subject to a Drug List, Generics as a first option. Some medications may require preauthorization, age limits, quantity limits, specialty limits and/or step therapy. Drugs related to mental health conditions cannot include limitations indicating that a specific drug must be prescribe by a psychiatrist or neurologist. Not all the drugs related to mental/behavioral health conditions can be manage through a specialty limit.		
Habilitation Services	(20) Physical therapies or manipulations covered under a combined limit per year. Services limited to physical therapies, except for those covered under home health care benefit.		
Home Health Care Services	(40) physical, occupational and speech therapy under a combined limit per policy year per member. Covered only if they begin 14 days after members discharge from hospital of at least (3) days and if they are provided for the same condition by he/she was admitted.		
Imaging (CT/PET Scans, MRIs)	For PET & PET/CT, (1) Per policy year per enrollee. For MRI & CT, (1) per anatomical region per policy year per enrollee.		
Inpatient Hospital Services (e.g., Hospital Stay)	Excludes services for personal comfort and or custodial services. Hospitalizations for services or procedures that may be performed in an outpatient services are not covered.		
Inpatient Physician and Surgical Services	Covered, No Limits.		
Intra-articular injections	(12) Injections per policy year per member, up to (2) daily injections.		
Invasive cardiovascular, non-invasive cardiovascular procedures and tests	Electromyograms covered up to (2) procedures per year per enrollee.		

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Lithotripsy	Covered, No limits		
Mental/Behavioral Health Inpatient Services	Residential treatment outside service area is not covered. No limit in accordance to the Mental Health Parity Act. Limitations indicating that these services must be received or coordinate through an specific company or program are not accepted.		
Mental/Behavioral Health Outpatient Services	No limit in accordance to the Mental Health Parity Act. Limitations indicating that these services must be received or coordinate through an specific company or program are not accepted.		
MRA	Covered, No limits.		
Nerve conduction velocity tests	(2) Procedures per policy year per enrollee.		
Neurological tests and procedures	Covered, No limits.		
Non-Preferred Brand Drugs	Subject to a Drug List, Generics as a first option. Some medications may require preauthorization, age limits, quantity limits, specialty limits and/or step therapy. Drugs related to mental health conditions cannot include limitations indicating that a specific drug must be prescribe by a psychiatrist or neurologist. Not all the drugs related to mental/behavioral health conditions can be manage through a specialty limit.		
Nuclear medicine tests	Covered, No Limits.		
Nutritionist services	(4) Per policy year per enrollee. Limited to morbid, renal and diabetes conditions. Covered by reimbursement up to \$20 per visit.		
Oral, Intravenously, Injectable or Intrathecal chemotherapy	Covered, No Limits. Antineoplastic agents cannot be excluded from the basic coverage. These services must be covered for inpatient and outpatient services.		
Orthognatic surgery	Expenses related for materials are excluded.		
Other Practitioner Office Visit (Nurse, Physician Assistant)	Non physician professionals or doctors in odontology including nurse and physician assistant except those required by local law such as: podiatrist, audiologist, optometrist, clinical psychologists and chiropractors.		
Out of area coverage (US)	Services are covered for emergency cases or cases that required equipment, treatment and facilities not available in Puerto Rico. Services are subject to preauthorization from the plan except for an emergency. Elective treatments, not considered as an emergency, are not covered by this policy. Rates to be paid are the usual and customary (UCR) rate of the geographical area in which the services are provided.		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Services rendered in an outpatient facility that may be performed in physician's office are not covered.		

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Outpatient Rehabilitation Services	(20) Physical therapies or manipulations covered under a combined limit per policy year per enrollee. Services not covered include occupational, speech and language therapies, prosthetics and implants, orthopedics and orthotic devices, cardiac rehabilitation. Occupational, speech and language therapies must be covered for autism condition and for home health care services. Services limited to physical therapies, except for those covered under home health care benefit.		
Outpatient Surgery Physician/Surgical Services	Excludes: Cosmetic surgery, oral surgery that is dental in origin except those as a result of an accident, mammoplasty (except those required for patients after a breast cancer mastectomy), septoplasty, blepharoplasty, rinoseptoplasty, procedures to re- establish the ability to procreate, organ transplant procedures, other than the specified in the transplant services benefit (other organ transplant may be covered as an optional benefit), induced abortion, experimental procedures, skin tags removal, ptosis repair, nail excisions, scalenotomy, Lasik and other surgical procedures to correct refractive defects, surgical assistance services, intravenous analgesia services or analgesia administered through inhalation at the physician or dentist's office, services for the treatment of the temporomandibular articulation syndrome, excision of granulomas or radicular cysts originated by infection in the tooth pulp; services to correct the vertical dimension or occlusion, removal of exostosis (mandibular or maxillary).		
Polysomnography	(1) Type of test per lifetime per enrollee.		
Preferred Brand Drugs	Subject to a Drug List, Generics as a first option. Some medications may require preauthorization, age limits, quantity limits, specialty limits and/or step therapy. Drugs related to mental health conditions cannot include limitations indicating that a specific drug must be prescribe by a psychiatrist or neurologist. Not all the drugs related to mental/behavioral health conditions can be manage through a specialty limit.		
Prenatal and Postnatal Care	Covered for mainholder, spouse and dependent daughter.		
Preventive Care/Screening/Immunization	Preventive care that meets recommendations described below, as established by the USPSTF.		
Primary Care Visit to Treat an Injury or Illness	Covered, No Limits.		
Radiation therapy	Covered, No Limits. These services must be covered for inpatient and outpatient services.		

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Routine Dental Services (Adult)	Dental checkup and cleaning (2) per policy year per member (every (6) months); bitewings and periapicals no more that one set every (3) years. (Optional coverage; Orthodontic, Periodontics, Endodontic, prosthetic dental services, Full mouth reconstructions, Fluoride treatment covered to members under age (19) and Root canal only to anterior and posterior teeth.)		
Routine Eye Exam (Adult)	Refraction exam is covered (1) per year, per member.		
Routine Eye Exam for Children	(1) Visit per year supplemented using FEDVIP.		
Routine Foot Care	Covered, No Limits.		
Skilled Nursing Facility	Covered only if they begin (14) days after member's discharge from hospital of at least (3) days and if they are provided for the same condition by he/she was admitted. Maximum of (120) days.		
Specialist Visit	Covered, No Limits.		
Specialty Drugs	Subject to a Drug List, Generics as a first option. Some medications may require preauthorization, age limits, quantity limits, specialty limits and/or step therapy. Drugs related to mental health conditions cannot include limitations indicating that a specific drug must be prescribe by a psychiatrist or neurologist. Not all the drugs related to mental/behavioral health conditions can be manage through a specialty limit.		
Sterilization	Covered, No Limits.		
Substance Abuse Disorder Inpatient Services	No limits in accordance to the Mental Health Parity Act. Include Detox and Residential treatment services. Residential treatment outside service area is not covered. Partials are included: (2) partial hospital days equivalent to (1) regular day. Limitations indicating that these services must be received or coordinate through an specific company or program are not accepted. Expenses for services resulting from the administration of an employer drug detection program are not covered. However, after the enrollee's participation in any treatment related to a positive outcome in the employer drug detention program, he/she is eligible for treatment under the contract. Language indicating that the emergency services must be received during the first 24 hours is not accepted. Not all the drugs related to mental/behavioral health conditions can be manage through a specialty limit.		

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Substance Abuse Disorder Outpatient Services	No limits in accordance to the Mental Health Parity Act. Limitations indicating that these services must be received or coordinate through an specific company or program are not accepted. Expenses for services resulting from the administration of an employer drug detection program are not covered. However, after the enrollee's participation in any treatment related to a positive outcome in the employer drug detention program, he/she is eligible for treatment under the contract. Language indicating that the emergency services must be received during the first 24 hours is not accepted. Not all the drugs related to mental/behavioral health conditions can be manage through a specialty limit.		
Transplant Services	Benefit covers skin, bone and corneal transplants. Coverage extends to charges directly related to the transplant service, including care prior to surgery, post-surgery care and treatment in respect of immunosuppressive drugs. Services are covered only through participating providers. Pre authorization is required. This benefit will be covered 100% in Puerto Rico and should not be available through reimbursement.		
Tympanometry	(1) Per policy year per enrollee.		
Urgent Care Centers or Facilities	No Limits. No preauthorization or waiting period required.		
Covered Preventive Services for Adult (NO COST SHARING IS APPLICABLE) **ADULTS PREVENTIVE SERVICES MUST BE INCLUDED IN THE SAME ORDER AND DESCRIPTION ESTABLISHED IN THIS CHECKLIST**			
Abdominal Aortic Aneurysm	(1) time screening for abdominal aortic aneurysm (AAA) by ultrasonography in men aged (65) to (75) who have ever smoked.		
Alcohol Misuse	Screening and counseling. The USPSTF recommends that clinicians screen adults aged (18) years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.		
Aspirin Use to Prevent Cardiovascular Disease and Colorectal Cancer: Preventive Medication	The USPSTF recommends initiating low-dose aspirin use for the primary prevention of cardiovascular disease and colorectal cancer in adults aged 50 to 59 years who have a 10% or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.		

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Colorectal Cancer	The USPSTF recommends screening for colorectal cancer (CRC) using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age (50) years and continuing until age (75) years. The risks and benefits of these screening methods vary.		
Depression screening for Adults	The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.		
Diabetes screening	The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.		
Falls prevention in older adults: Vitamin D	The USPSTF recommends vitamin D supplementation to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls.		
Healthy diet and physical activity counseling to prevent cardiovascular disease: adults with cardiovascular risk factors	The USPSTF recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.		
Hepatitis B screening: Nonpregnant Adolescents and Adults	The USPSTF recommends screening for hepatitis B virus (HBV) infection in persons at high risk for infection.		
Hepatitis C virus infection screening: adults	The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965.		
High Blood Pressure screening	Screening for high blood pressure in adults age (18) years and older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment.		
HIV preexposure prophylaxis for the prevention of HIV infection	The USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition.		

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HIV screening: nonpregnant adolescents and adults	Clinicians screening for HIV infection in adolescents and adults ages (15) to (65) years. Younger adolescents and older adults who are at increased risk should also be screened. As required by Law 45-2016 one HIV test a year as part of the routine studies for any medical evaluation, except for pregnant women to which apply the requirements of the USPSTF. You should consider the recommendations set out in the Department of Health's HIV regulations.		
Immunization	Vaccines for adults-doses, recommended ages, and recommended populations vary: Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella. Catch ups must be covered.		
Lung cancer screening	The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults ages (55) to (80) years who have a (30) pack-year smoking history and currently smoke or have quit within the past (15) years. Screening should be discontinued once a person has not smoked for (15) years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.		
Obesity screening and counseling: adults	The USPSTF recommends that clinicians offer or refer adults with a body mass index of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive, multicomponent behavioral interventions.		
Sexually Transmitted Infections (STI) Counseling	The USPSTF recommends intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections.		
Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication	The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are ages 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75 years.		
Syphilis screening: nonpregnant persons	The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.		

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Tobacco Smoking cessation and Medication: nonpregnant adults	<p>The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)-approved pharmacotherapy for cessation to adults who use tobacco.</p> <p>For those who uses tobacco cessation products, this plan cover the dispatch of FDA approved medication for smoke cessation for (90) consecutive days in one intent and until (2) intents per year. The recommendation does not established any difference on the medication for smoke cessation tier. If the formulary include the drug no cost sharing can be applied regardless the specific tier.</p>		
Tuberculosis screening: adults	The USPSTF recommends screening for latent tuberculosis infection in populations at increased risk.		
Unhealthy alcohol use: adults	The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.		
<p>Covered Preventive Services for Women, Including Pregnant (NO COST SHARING IS APPLICABLE)</p> <p>**ADULTS PREVENTIVE SERVICES MUST BE INCLUDED IN THE SAME ORDER AND DESCRIPTION ESTABLISHED IN THIS CHECKLIST**</p>			
Bacteriuria screening: pregnant women	Screening for asymptomatic bacteriuria with urine culture for pregnant women at (12) to (16) weeks of gestation or at the first prenatal visit, if later.		
BRCA Risk Assessment	The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.		
Breast Cancer Preventive Medication	The USPSTF recommends that clinicians engage in shared, informed decision making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk- reducing medications, such as tamoxifen or raloxifene.		

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Breast Cancer Screening	The USPSTF recommends screening mammography for women, with or without clinical breast examination, every 1 to 2 years for women age 40 years and older. The USPSTF recommends biennial screening mammography for women aged (50) to (74) years.		
Breastfeeding	Comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs access to breastfeeding equipment and supplies, in conjunction with each birth. No monetary limits apply. Breastfeeding equipment and supplies cannot be provided through reimbursement or in the optional Major Medical coverage.		
Cervical Cancer Screening	The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).		
Chlamydia Screening	Screening for chlamydial infection in all pregnant women ages (24) and younger and in older pregnant women who are at increased risk. Screening for chlamydial infection in all sexually active, nonpregnant young women ages (24) and younger and in older nonpregnant women who are at increased risk.		
Contraception	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity as prescribed. Any device insertion and removal of contraceptive methods is covered. Contraceptives methods cannot be provided through reimbursement. The Health Insurance Code of Puerto Rico, neither the federal applicable law established any difference in contraceptive tiers. If the formulary include the contraceptive no cost sharing can be applied regardless the specific tier.		
Intimate Partner Violence Screening:: Women of childbearing age	The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen women of childbearing age for intimate partner violence (IPV), such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse.		

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Folic Acid	The USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing (0.4) to (0.8) mg (400 to 800pg) of folic acid.		
Gestational Diabetes Mellitus	Screening for gestational diabetes in asymptomatic pregnant women after (24) weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes.		
Gonorrhea Screening	The USPSTF recommends screening for gonorrhea in sexually active women age (24) years and younger and in older women who are at increased risk for infection.		
Hepatitis B Screening: Pregnant women	Screening for pregnant women at their first prenatal visit.		
Human Immunodeficiency Virus (HIV) screening: Pregnant women	Clinicians should screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown. Regarding pregnant women, all insurers or health services organizations are required to cover and will not impose cost-sharing requirements with regard to the following tests included in the most recent recommendations of the USPSTF: 1) A first HIV test during the first trimester of pregnancy at the first prenatal visit, and 2) A second test during the third trimester of pregnancy (between the (28) and (34) weeks of pregnancy).		
Counseling and screening for human immune-deficiency virus.	Annual counseling and screening for human immune-deficiency virus infection for all sexually active women.		
Osteoporosis screening: postmenopausal women younger than 65 years at increased risk of osteoporosis	The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool.		
Osteoporosis screening: women 65 years and older	The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older.		
Perinatal depression: counseling and intervention	The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions.		
Preeclampsia prevention: aspirin	The USPSTF recommends the use of low-dose aspirin (81 mg/d) as preventive medication after (12) weeks of gestation in women who are at high risk for preeclampsia.		

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Preeclampsia screening	The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.		
RH Incompatibility screening	Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy- related care. Also, repeated Rh (D) antibody testing for all unsensitized Rh (D)- negative women at (24)-(28) weeks gestation, unless the biological father is known to be Rh (D)-negative.		
Screening for anxiety	The Women's Preventive Services Initiative recommends screening for anxiety in adolescent and adult women, including those who are pregnant or postpartum. Optimal screening intervals are unknown and clinical judgement should be used to determine screening frequency. Given the high prevalence of anxiety disorders, lack of recognition in clinical practice, and multiple problems associated with untreated anxiety, clinicians should consider screening women who have not been recently screened.		
Screening for diabetes mellitus after pregnancy	Screening for diabetes mellitus in 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 . Initial testing should ideally occur within the first year postpartum and can be conducted as early as 4–6 weeks postpartum.		
Syphilis screening: pregnant women	Early screening for syphilis infection in all pregnant women.		
Screening for urinary incontinence in women	The Women’s Preventive Services Initiative recommends screening women for urinary incontinence as a preventive service. Factors associated with an increased risk for urinary incontinence include increasing parity, advancing age, and obesity; however, these factors should not be used to limit screening. Several screening tools demonstrate fair to high accuracy in identifying urinary incontinence in women. Although minimum screening intervals are unknown, given the prevalence of urinary incontinence, the fact that many women do not volunteer symptoms, and the multiple, frequently-changing risk factors associated with incontinence, it is reasonable to conduct annually.		
Tobacco Smoking cessation: Pregnant women	The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco and provide behavioral interventions for cessation in pregnant women who use tobacco.		

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ESSENTIAL HEALTH BENEFIT AND PREVENTIVE SERVICES CHECKLIST

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Well-woman visits	Well-woman preventive care visit annually (depending on the woman's health status, health needs an other risk factors) for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception care and many services necessary for prenatal care. This well-woman visit should, where appropriate, include other preventive services listed. If the clinician determines that a patient requires additional well-woman visits, the additional visits must be provided without cost sharing.		
Covered Preventive Services for Children (NO COST SHARING IS APPLICABLE) **ADULTS PREVENTIVE SERVICES MUST BE INCLUDED IN THE SAME ORDER AND DESCRIPTION ESTABLISHED IN THIS CHECKLIST**			
Alcohol Misuse	Screening and counseling. The USPSTF recommends that clinicians screen adults aged (18)years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.		
Anemia/Iron	Perform risk assessment or screening as appropriate, per recommendations in the current edition of the AAP Pediatric Nutrition: Policy of the American Academy of Pediatrics (Iron chapter). Supplements of iron for children ages (4) moths to (21) years at risk for anemia.		
Autism Spectrum Disorder Screening	Screening for children at (12) and (24) months.		
Behavioral	Assessment for children of all ages. Ages: (0) to (11) months, (1) to (4) years, (5) to (10) years, (11) to (14) years, (15) to (17) years.		
Cervical Dysplasia	Screening for sexually active females.		
Hypothyroidism screening: newborns	Screening for congenital hypothyroidism in newborns.		
Dental caries prevention: infants and children up to age (5) years	The USPSTF recommends the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption. The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age (6) months for children whose water supply is fluoride deficient.		
Depression screening: adolescents	The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.		

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Developmental Screening and Surveillance	Screening for children under age (3), and surveillance throughout childhood.		
Dyslipidemia	Screening for children at higher risk of lipid disorders. Ages: (1) to (4) years, (5) to (10) years, (11) to (14) years, (15) to (16) years.		
Gonorrhea prophylactic medication: newborns	The USPSTF recommends prophylactic ocular topical medication for all newborns to prevent gonococcal ophthalmia neonatorum.		
Hearing	Screening for hearing loss all newborns infants.		
Height, Weight and Body Mass Index	Measurements for children. Ages: (0) to (11) months, (1) to (4) years, (5) to (10) years, (11) to (14) years, (15) to (17) years.		
Hemoglobinopathies screening: newborns	Screening for sickle cell disease in newborns.		
Immunization	Vaccines for children from birth to age (21), doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Haemophilus influenza type b, Hepatitis A, Hepatitis B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus, Varicella. Catch ups must be covered. HPV vaccination beginning at age (9) years for children and youth with any history of sexual abuse or assault who have not initiated or complete the (3) doses series (ACIP recommendation).		
Medical History	For all children throughout development Ages: (0) to (21) years.		
Obesity screening: children and adolescents	The USPSTF recommends that clinicians screen children age (6) years and older for obesity and offer them, or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.		
Oral Health	Risk assessment for young children. Ages: (0) to (11) months, (1) to (4) years, (5) to (10) years.		
Phenylketonuria (PKU) screening: newborns	Screening for phenylketonuria in newborns.		
Skin Cancer behavioral counseling	The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer.		
Tobacco use: children and adolescents	The USPSTF recommends that clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents.		

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Tobacco, Alcohol or Drug Use	Screening children (11) to (21) years of age.		
Tuberculosis	Testing for children at higher risk of tuberculosis. Ages: (0) to (11) months, (1) to (4) years, (5) to (10) years, (11) to (14) years, (15) to (21) years.		
Vision screening: children	The USPSTF recommends vision screening for all children at least once between the ages of (3) and (5) years, to detect the presence of amblyopia or its risk factors.		

CERTIFICATION

I _____ have reviewed or supervised the preparation of the above checklist and certify that the forms(s) and/or drug formulary is (are) in compliance with all of the applicable requirements of the Essential Health Benefit Benchmark for Puerto Rico¹ and the recommendations of the USPSTF. I also acknowledge responsibility for the validity, accuracy and completeness of the contents of this checklist.

Signature: _____
Date: _____

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