

## Wellness: The Next Step

In addition to receiving appropriate preventive care services, here are some things you can do to enhance your overall wellness:

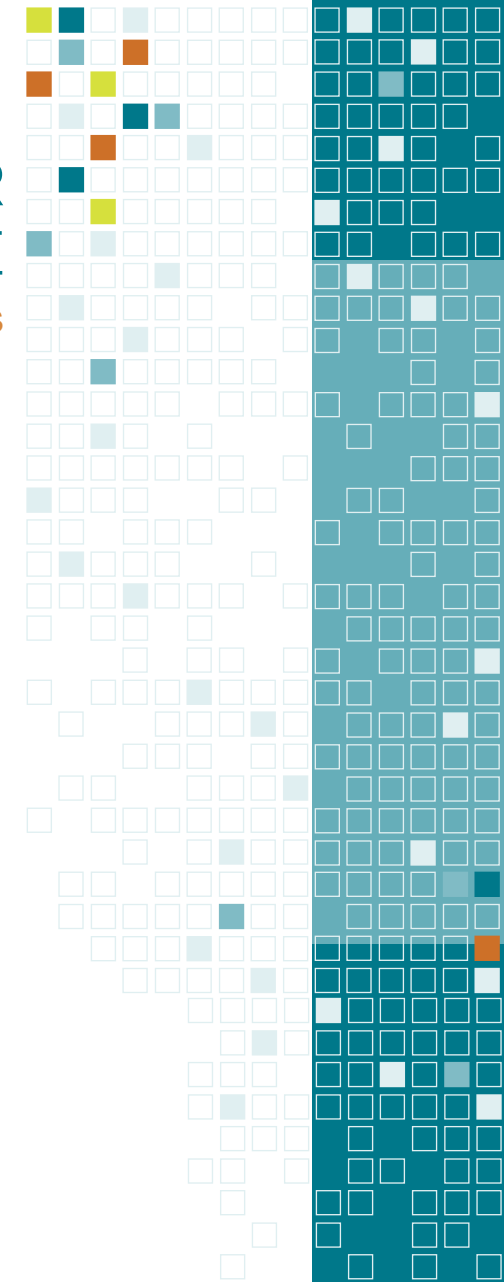
1. Exercise aerobically, enough to raise your heart rate to the recommended level ((220 minus your age) times 70 percent). Ideally, you should do this at least 30 minutes every day, but every little bit helps.
2. Eat foods that are low in saturated fat and trans fatty acids and high in calcium and fiber, with plenty of fruits and vegetables. Take a calcium supplement, if necessary, to ensure you get enough.
3. Don't smoke, and avoid inhaling the smoke of people who do. If you need help quitting, visit the American Lung Association's web site at [www.lungusa.org](http://www.lungusa.org) and click on the "Quit Smoking" tab.
4. Seek help early for depression, mood changes or alcohol or drug abuse.
5. Perform regular skin self-examinations. Protect your skin from sun damage with sunscreen and clothing.
6. Reduce your stress level by seeking balance in your life. In addition to work – both at your job and at home – make some time every day for play.
7. Visit <http://mybenefits.trinity-health.org/preventive.shtml> for more information on how your preventive care benefits can help you to maintain a healthy lifestyle.

**Please note:** this information is designed to help you understand Trinity Health's preventive care benefits. (Preventive care benefits are not available to certain associate groups; please refer to your Summary Plan Description for plan coverage specifics.) The information presented herein is only an overview. It is not meant to be a comprehensive description of your health care plan. The summary plan descriptions and official plan documents cover your plan in more detail. Whenever there is a discrepancy between printed materials, the official plan documents will prevail. Trinity Health retains the right to make changes to or terminate its benefit plans at any time.

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## MAXIMIZE YOUR HEALTH CARE COVERAGE

Trinity Health Preventive Care Benefits



Chances are you've heard someone say "an ounce of prevention is worth a pound of cure." In the case of your health, this is certainly true. Experts agree that practicing a healthy lifestyle is the best way to maintain good health.

Every day, you have a chance to make good choices about your health. Most people recognize that behaviors like eating healthy foods, getting sufficient physical exercise and not smoking are essential for keeping well. But did you know that having regular medical checkups is one of the most important things you can do to safeguard your health?

Trinity Health is dedicated to the health and well being of our associates and their families. We're continually looking for ways to help you maintain your health and to encourage you to lead a healthy lifestyle.

As part of this commitment, your Trinity Health medical plan has been designed to encourage you and your eligible family members to take advantage of the health benefits afforded by preventive care. Please note that your medical plan option may vary by Ministry Organization. This brochure outlines the preventive care services that are covered by your PPO, EPO or PCA PPO medical plan, along with the recommended frequency of each. We suggest that you take this information to your next office visit and discuss it with your doctor.

Please note: if you participate in an HMO option, your preventive care benefits may vary from the coverage described in this brochure. Please contact your HMO or your local Human Resources representative for more information.

## Defining Preventive Care

Preventive care is any medical examination, test, screening or other activity that focuses on wellness or health promotion.

The main focus of preventive care is to reduce the likelihood of major preventable diseases – such as cardiovascular disease or cancer – through early discovery of risks or symptoms so that any necessary lifestyle changes or treatments can begin when conditions are easier to treat.

There are three levels of preventive care, all of which are important components of disease prevention and health maintenance:

- **Primary prevention** includes interventions that can completely prevent a disease in people at risk. One example is immunizations against certain vaccine-preventable diseases, such as measles or tetanus.
- **Secondary prevention** identifies established risk factors for disease. Measuring blood pressure, checking cholesterol and performing Pap tests for cervical cancer are examples in which identifying abnormal results can lead to effective interventions that may prevent serious illnesses from developing.
- **Tertiary prevention** is a process for optimizing health once a disease has been diagnosed. For example, a management plan may be devised to prevent a person with heart disease from having another heart attack.

## Benefit Provisions, Ages 65 and Older

The focus of preventive care for elders is on eliminating high-risk behaviors and screening for chronic and / or life-threatening disease.

COVERED BENEFIT	FREQUENCY
• Physical exam and related screenings	• One per calendar year
• Rectal exam	• One per calendar year
• Sigmoidoscopy	• One per calendar year
• Stool occult blood	• One per calendar year
• Serum cholesterol	• One per calendar year
• Urinalysis	• One per calendar year
• Thyroid tests	• One per calendar year
<b>Immunizations:</b>	
• Diphtheria and Tetanus Toxoids (DT)	• One in a 10-year period
• Influenza	• One per calendar year
• Pneumococcal	• One in a lifetime

### Female only

COVERED BENEFIT	FREQUENCY
• Mammogram	• One per calendar year
• Pap smear	• One per calendar year
• Breast exam	• One per calendar year

### Male only

COVERED BENEFIT	FREQUENCY
• Testicular exam	• One per calendar year
• Prostatic specific antigen screening (PSA)	• One per calendar year

For more information on how your medical plan covers preventive care benefits, call the Customer Service number on the back of your health plan identification card or contact your local Human Resources representative.

### Important!

The preventive care guidelines included in this brochure are intended to work in conjunction with your doctor's recommendations for your personal health care. If you have been diagnosed with a specific condition or disease, or if you are at increased risk for certain health problems, it is likely that you will need to see your doctor more often and undergo more tests than these guidelines recommend. It is important that you and your doctor mutually decide on a preventive care plan that's right for you.

If you or an eligible family member has a condition that requires some of the services listed above to be performed more frequently, the services will be covered under your regular Trinity Health medical plan.

### Benefit Provisions, Ages 18 – 39

The focus of preventive care for young adults is on maintaining or developing healthy lifestyle habits and eliminating high-risk behaviors.

COVERED BENEFIT	FREQUENCY
• Physical exam and related screenings	• One per calendar year
• Serum cholesterol	• One per calendar year
Immunizations:	
• Diphtheria and Tetanus Toxoids (DT)	• One in a 10-year period
• Mumps, Measles and Rubella virus vaccine (MMR)	• One time from age 19 to 39
• Rubella virus vaccine	• One time from age 19 to 39

Female only

COVERED BENEFIT	FREQUENCY
• Mammogram	• One time from age 35 to 39
• Rubella titer	• One time from age 19 to 39
• Pap smear	• One per calendar year
• Breast exam	• One per calendar year

### Benefit Provisions, Ages 40 – 64

The focus of preventive care for middle-aged adults is on eliminating high-risk behaviors and screening for chronic and / or life-threatening disease.

COVERED BENEFIT	FREQUENCY
• Physical exam and related screenings	• One per calendar year
• Rectal exam	• One per calendar year
• Sigmoidoscopy	• One per calendar year
• Stool occult blood	• One per calendar year
• Colonoscopy	• One every 10-year period starting at age 50
• Serum cholesterol	• One per calendar year
• Colorectal cancer test	• One per calendar year
• Diabetes screen	• One per calendar year
• Depression screen	• One per calendar year
Immunizations:	
• Diphtheria and Tetanus Toxoids (DT)	• One in a 10-year period

Female only

COVERED BENEFIT	FREQUENCY
• Mammogram	• One per calendar year
• Pap smear	• One per calendar year
• Breast exam	• One per calendar year

Male only

COVERED BENEFIT	FREQUENCY
• Prostatic specific antigen screening (PSA)	• One per calendar year

### Your Costs for Preventive Care Services

The amount your Trinity Health medical plan pays for preventive care depends on the type of coverage you have:

- If you're enrolled in traditional PPO coverage, the preventive care you receive from an in-network provider will be paid in full, subject to your regular co-payment. However, if you use an out-of-network provider, benefits will be paid up to the reasonable and customary allowance at the applicable co-insurance rate, after your annual deductible is satisfied.
- If you're covered by Trinity Health's Personal Care Account PPO, the plan will pay 100 percent of your preventive care costs when you use in-network providers. Because these services are not subject to deductibles or co-payments, you pay nothing out-of-pocket. However, if you decide to receive your preventive care from an out-of-network provider, services will be paid at 100 percent of the reasonable and customary allowance.
- If you're enrolled in the EPO, the preventive care you receive from an in-network provider will be paid in full, subject to your regular co-payment. The EPO requires you to use in-network providers in order to have your preventive care benefits covered.

### Covered Preventive Care Benefits

Your Trinity Health medical plan will cover one complete physical examination annually for adults age 18 and older, subject to the provisions of your plan. (For family members who are under age 18, refer to the "Infants and Children Through Age 17" section that follows.) In addition to the physical exam, your medical plan will cover the following related laboratory tests, X-rays and immunizations, performed in conjunction with the routine exam, including but not limited to:

- Pap smear
- Breast exam
- Mammogram (a baseline at age 35 to 39, and annually thereafter)
- Prostatic specific antigen screening (PSA)
- Urine test or urinalysis
- HCT (hematocrit) or HGB (hemoglobin)
- Sickle cell
- TB testing
- CBC (complete blood count)
- PPD (purified protein derivative)
- Fasting glucose
- Cholesterol screening
- CRP (C-reactive protein) diagnostic test
- Creatinine
- EKG (electrocardiogram)
- Digital rectal examination
- Chest X-ray
- SMA-17 (sequential multi-channel analysis)
- TSH (thyroid stimulating hormone)
- PFT (pulmonary function test)
- Osteoporosis screening
- Routine hearing exam (as needed, but no more than one per calendar year)

### The Preventive Care Visit: What to Expect

During your preventive care checkup, your doctor will ask questions about your personal and family medical history, your lifestyle and the medications you take. He or she will then perform a physical examination, and may also:

- Perform or schedule screening tests, which are useful in the early detection of disease. Some examples include cholesterol screening, blood pressure reading, Pap smear and other laboratory tests.
- Administer immunizations such as a tetanus booster, flu shot or other vaccinations.
- Prescribe medications, either prescription drugs or over-the-counter remedies. For example, a physician may suggest that a person with heart disease risk factors take an aspirin daily.
- Recommend health promotion counseling. Specialized counseling that's received either before or during a health problem may decrease the burden of suffering or prevent a condition. Examples of counseling topics include smoking cessation and pre-pregnancy advice on folic acid supplements.

PLEASE NOTE: Flu Mist (nasal immunizations) are not covered.

## Non-Surgical Weight Loss and Smoking Cessation

Associates who are enrolled in certain medical plans also enjoy preventive care coverage for weight-loss and smoking-cessation treatments.

### Non-Surgical Weight Loss Therapy

Along with the existing benefits for bariatric surgery, the plan will cover additional services for non-surgical weight loss treatment. Benefits – which are payable up to 80 percent to an annual benefit maximum of \$500 – include:

- Outpatient counseling or therapy,
- Office visits rendered by a licensed physician for the treatment of smoking cessation or weight loss,
- Lab services performed during a course of treatment, and
- Services for weight loss rendered by a Trinity Health Ministry Organization or nationally recognized programs such as Jenny Craig, Weight Watchers and LA Weight Loss.

#### Weight-loss expenses that are not covered are:

- Services administered exclusively through an Internet-based forum,
- Medication or injection expenses for weight loss, unless otherwise covered for an unrelated medical condition,
- Charges for food or nutritional supplements, unless included in the initial program fee,
- Charges for over-the-counter diet aids,
- Health clubs or exercise equipment,
- Services or programs that are not approved in the United States, and
- Charges in connection with acupuncture, hypnotism or biofeedback training.

### Smoking Cessation Therapy

Covered benefits for smoking cessation treatment – which are payable up to 80 percent to an annual benefit maximum of \$500 – include:

- Outpatient counseling or therapy,
- Office visits rendered by a licensed physician for the treatment of smoking cessation, and
- Lab services performed during a course of treatment.

#### Smoking-cessation expenses that are not covered are:

- Services administered exclusively through an Internet-based forum,
- Medication or injection expenses for smoking cessation, unless otherwise covered for an unrelated medical condition,
- Charges for over-the-counter smoking cessation aids,
- Services or programs that are not approved in the United States, and
- Charges in connection with acupuncture, hypnotism, or biofeedback training.

For more information, call the Customer Service number on the back of your health plan identification card or see your Human Resources representative.

## Established Preventive Care Guidelines

Following is a list of covered preventive care service guidelines – and the frequency limits of each – that will help you and your family schedule the appropriate screenings and exams. For record keeping forms that will help you optimize your Trinity Health preventive care benefits, visit <http://mybenefits.trinity-health.org/preventive.shtml>. The guidelines, which are based on recommendations established by several leading national health-related organizations, are arranged by age and gender.

## Benefit Provisions, Infants and Children Through Age 17

The focus of preventive care for infants and young children is on physical and mental development, immunizations, nutrition and safety. For older children, the focus is on maintaining or developing healthy lifestyle habits and eliminating high-risk behaviors.

Your Trinity Health medical plan's preventive care benefits follow the recommendations of the American Academy of Pediatrics regarding well-baby check-ups and vaccines. The following services are covered by your medical plan:

- Seven visits from birth through 12 months,
- Three visits from 13 months through 2 years, and
- An annual physical examination from 3 through 17 years.

The recommended immunization schedule is as follows:

AGE	COVERED BENEFIT
Birth	• Hepatitis B (HepB #1) vaccine
2 months	• Hepatitis B (HepB #2) vaccine • Diphtheria and tetanus toxoids and acellular pertussis (DTaP #1) vaccine • Haemophilus influenzae type b (Hib #1) conjugate vaccine • Inactivated Poliovirus vaccine (IVP #1) • Pneumococcal (PCV #1) vaccine
6 months	• Hepatitis B (HepB #3) vaccine • Diphtheria and tetanus toxoids and acellular pertussis (DTaP #3) vaccine • Haemophilus influenzae type B (Hib #3) conjugate vaccine • Inactivated Poliovirus vaccine (IVP #3) • Pneumococcal (PCV #3) vaccine • Influenza vaccine
12 months	• Measles, Mumps, Rubella (MMR #1) vaccine • Varicella (Chickenpox) vaccine • Haemophilus influenzae type B (Hib #4) conjugate vaccine • Pneumococcal (PCV #4) vaccine
15 months	• Diphtheria and tetanus toxoids and acellular pertussis (DTaP #4) vaccine
2 years	• Hepatitis A (HepA)
4 years	• Diphtheria and tetanus toxoids and acellular pertussis (DTaP #5) vaccine • Inactivated Poliovirus vaccine (IVP #4) • Measles, Mumps, Rubella (MMR #2) vaccine
11-12 years	• Tetanus / Diphtheria booster (Td)

Please note: cholesterol screenings for children age 17 and younger are covered when the weight of the child is in the 100th percentile range for his / her age group.