



## **World Bank Group Medical Benefits Plan (MBP) A Guide to Preventive Care – Effective 2015**

The Bank Group's Medical Benefits Plan (MBP), Continuation Medical Benefits Plan (CMBP) and Retiree Medical Benefits Plan (RMBP) cover preventive care services at 100% with no copayment *when this care is prescribed by a licensed physician and received from an in-country health care provider*. For MBP members, this means that, although you may still need to pay 100% for these services at the time that they are provided, you will be reimbursed for 100% of these charges through payroll for active staff and personal bank accounts for retirees.

What is “preventive care” and what services will receive 100% coverage? The following information will explain the types of services that qualify as preventive care under the MBP and RMBP and the criteria one must meet to qualify for 100% coverage.

### **Preventive Care Services**

The lists of preventive care services to be covered at 100% were initially developed using the preventive care services listed for the Medical Insurance Plan (MIP) for headquarters staff. The lists were then expanded based on recommendations from the Bank Group's Health Services Department (HSD) taking into consideration other preventive care services applicable to country office staff.

Lists of preventive care services for women, men, children and adolescents are included in this guide. Please be aware that these lists may change from time to time. To verify coverage at 100%, you or your health care provider should contact the MBP Insurance Administrator, Cigna at ([wbg.mbp@cigna.com](mailto:wbg.mbp@cigna.com)).

To receive 100% coverage:

- You must meet the age/gender/risk and other criteria outlined in the enclosed preventive services lists.
- The services must be prescribed and provided by in-country health care provider.
- The services must be preventive in nature and not be provided to diagnose, monitor or treat an illness or injury.
- The main purpose of your visit must be to receive preventive care services.

Note: This list is a reference and not a guarantee of benefits and is subject to change. You or your provider should call the MBP Insurance Administrator to verify coverage.

\*Source: <http://www.cdc.gov/vaccines/schedules/hcp/adult.html>

\*\*Source: <http://www.uspreventiveservicestaskforce.org/Page/Name/tools-and-resources-for-better-preventive-care>

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## **What You Can Do to Help**

Here are some steps that you can take to help make sure your preventive care gets covered at 100%.

- Obtain your preventive care services from an in-country health care provider.
- Make sure that the main purpose for your appointment is to receive preventive care services. If other non-preventive services are received during the same office visit, you will most likely be charged the regular co-pay for the visit.
- Make the physician's office and billing staff aware that you have no co-pay for preventive services and that your health plan will cover the services at 100% if they are preventive in nature.
- Talk with your doctor about which preventive services are appropriate for your age, gender and health status.
- Take advantage of this increased benefit by getting the age, gender and health status appropriate preventive care. The World Bank Group values its staff members and wants to keep you and your family healthy.

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## Preventive Care Services for Women

Recommendations for screenings/counseling/immunization are made by the health care provider\*

(\*This is particularly appropriate for genetic testing)

Ages	Routine Physical	Screenings/Other Services** Annually, unless other interval specified or when screening is performed only when patient is at high risk	Behavioral and Informational Counseling from a Physician	Immunizations*, Medications and other Interventions, Where Available	
<b>18-20</b>	<b>Yes, includes annual Well-Woman Exam</b>	Screenings for: <ul style="list-style-type: none"> <li>• Cervical Cancer (if sexually active &amp; have cervix) cytology every 3 years</li> <li>• Chlamydia infection (if sexually active)</li> <li>• Depression</li> <li>• Diabetes</li> <li>• Full blood count if indicated</li> <li>• Genetic testing for BRCA, <b>only</b> if referred by a doctor and at high risk</li> <li>• Gonorrhea infection (if sexually active/at high risk)</li> <li>• Healthy eating assessment</li> <li>• Hepatitis B and C infection screening</li> <li>• High Blood Pressure</li> <li>• HIV testing</li> <li>• Human papillomavirus (HPV)</li> <li>• Interpersonal and domestic violence</li> <li>• Obesity</li> <li>• Sexually-transmitted infections</li> <li>• Syphilis testing (if at high risk)</li> <li>• Tuberculosis (TB) screening</li> </ul> Other Services: <ul style="list-style-type: none"> <li>• Office visits for administration of contraceptive devices and cost of the contraceptive device, if billed by provider.</li> <li>• Prophylaxis, impregnated nets for malaria prevention</li> <li>• Sterilization procedures, including sterilization implant and surgical sterilization (abdominal, vaginal or laparoscopic).</li> </ul>	<ul style="list-style-type: none"> <li>• Alcohol abuse</li> <li>• Counseling on preventive chemotherapy, if at high risk for breast cancer</li> <li>• Dietary counseling if at high risk for diet-related disease</li> <li>• HIV</li> <li>• Malaria</li> <li>• Referral for BRCA counseling if at increased risk</li> <li>• Tobacco use</li> <li>• Water/Food borne diseases (i.e. Typhoid, Cholera)</li> <li>• Weight loss, if obese</li> </ul>	<ul style="list-style-type: none"> <li>• BCG</li> <li>• Cholera – if indicated</li> <li>• Haemophilus influenzae type b (Hib) - 1 of 3 doses if indicated</li> <li>• Herpes Zoster – 1 dose (age 60 and older)</li> <li>• Hepatitis A – 2 doses</li> <li>• Hepatitis B – 3 doses</li> <li>• Human Papillomavirus (HPV) – ages 18 – 26, 3 doses if not previously vaccinated</li> <li>• Influenza (Flu) – <b>Annually</b></li> <li>• Japanese Encephalitis</li> <li>• Measles, Mumps, Rubella – 1 or 2 doses</li> <li>• Meningococcal – 1 or more doses if indicated</li> <li>• Polio</li> <li>• Pneumococcal – 1 or 2 doses if indicated</li> <li>• Rabies</li> <li>• Tetanus, Diphtheria, Pertussis (TdAP) – 1 dose, then boost with Td every 10 years</li> <li>• Tick borne encephalitis</li> <li>• Typhoid</li> <li>• Varicella (Chickenpox) – 2 doses, ages 19-65</li> <li>• Yellow Fever</li> </ul> <p><b>Medications:</b></p> <ul style="list-style-type: none"> <li>• Aspirin (physician prescribed) – age 55 to 79 years to reduce ischemic strokes (if potential benefit outweighs potential harm of increase in gastrointestinal hemorrhage).</li> </ul>	
<b>20 – 40</b>		All services for ages 18 – 20 plus: High cholesterol screening			
<b>40 – 50</b>		All services for ages 18 – 40 plus: Screening for breast cancer (mammography) every 2 years to age 74; interval can be shorter in the presence of risk factors			
<b>50 – 60</b>		All services for ages 18 – 50 plus: Screening for colorectal cancer (fecal occult blood test - annually, sigmoidoscopy or colonoscopy every 5-10 years) to age 75 Annual low dose CT in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years.			
<b>60 or</b>		All services for ages 18 – 60, plus:			

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Ages	Routine Physical	Screenings/Other Services** Annually, unless other interval specified or when screening is performed only when patient is at high risk	Behavioral and Informational Counseling from a Physician	Immunizations*, Medications and other Interventions, Where Available
older		Screening for osteoporosis in women aged 65 years or older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors.		<ul style="list-style-type: none"> <li>• Generic Zyban (2 cycles per year, prescribed by doctor) for tobacco cessation</li> <li>• Medications and impregnated nets for malaria prevention</li> <li>• Prescriptions for generic and over-the-counter contraceptives to age 50.</li> <li>• Prescription drugs or over-the-counter agents prescribed for bowel preparation for colonoscopy – age 50 to 75, up to 2 prescriptions per 365-days.</li> </ul>

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## Preventive Care Services for Pregnant Women

Recommendations for screenings/counseling/immunization are made by the health care provider\*

(\*This is particularly appropriate for genetic testing)

Ages	Routine Physical	Screenings**/Other Services Annually, unless other interval specified or when screening is performed only when patient is at high risk	Behavioral and Informational Counseling by a Physician	Immunizations* and Medications
<b>Pregnant Women</b>	<b>Yes, includes annual Well-Woman Exam</b>	<p>Any services for appropriate age group, plus:</p> <ul style="list-style-type: none"> <li>• Cervical cancer screening</li> <li>• Chlamydia infection screening</li> <li>• HIV testing</li> <li>• Hepatitis B infection screening, at first prenatal visit</li> <li>• If at risk, screening for thyroid function, type 2 diabetes, hemoglobin electrophoresis, toxoplasmosis, tuberculosis, N. Gonorrhoea, Hepatitis C, bacterial vaginosis, trichomoniasis, herpes, chagas, and CMV</li> <li>• Rh (D) blood typing and antibody testing, at first pregnancy-related visit and at 24-28 weeks gestation</li> <li>• Routine prenatal office visits with OB/GYN, including initial and subsequent visits for covering history and physical examinations</li> <li>• Rubella immunity</li> <li>• Screening for gestational diabetes</li> <li>• Screening for iron deficiency anemia</li> <li>• Syphilis testing</li> <li>• Urine culture for bacteria, during first prenatal visit or at 12-16 weeks gestation</li> <li>• Urine protein</li> <li>• Varicella immunity</li> </ul> <p>Breast Feeding Support services including:</p> <ul style="list-style-type: none"> <li>• One new set of breast pump supplies for breast pump from a prior pregnancy if not eligible for a new breast pump.</li> <li>• Purchase of standard electric breast pump (non-hospital grade) (if member did not receive standard electric or manual breast pump within past 3 years). Must be requested within 60 days of date of birth.</li> <li>• Purchase of manual breast pump (if member did not receive standard electric or manual breast pump within past 3 years). Must be requested within 12 months from date of birth.</li> <li>• Rental of hospital-grade breast pump when baby detained in hospital.</li> </ul>	<p>Any applicable counseling for appropriate age group, plus: Interventions to promote and support lactation/breastfeeding (up to 6 visits per year to qualified lactation consultant for either individual or group classes)</p>	<ul style="list-style-type: none"> <li>• Hepatitis A – 2 doses</li> <li>• Hepatitis B – 3 doses if indicated</li> <li>• Influenza</li> <li>• Meningococcal – 1 dose if indicated</li> <li>• Pneumococcal – 1 dose for those at risk</li> <li>• Tdap – 1 dose</li> </ul> <p><b>After completion of pregnancy:</b></p> <ul style="list-style-type: none"> <li>• Measles, Mumps, Rubella – 2 doses after completion of pregnancy</li> <li>• Varicella – 2 doses after completion of pregnancy if indicated</li> </ul> <p><b>Medications:</b></p> <ul style="list-style-type: none"> <li>• Medication and impregnated nets for Malaria Prevention** (See attached note)</li> </ul>

**\*\* In regards to the Prophylaxis Treatment of Malaria in pregnant women and women breastfeeding infants, this treatment should be undertaken with *strict* specialist medical supervision, and on a case-by-case basis. Please confer with the prescribing medical professional regarding this treatment.**

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## Preventive Care Services for Men

Recommendations for screenings/counseling/immunization are made by the health care provider\*

(\*This is particularly appropriate for genetic testing)

Ages	Routine Physical	Screenings** Annually, unless other interval specified or when screening is performed only when patient is at high risk	Behavioral or Informational Counseling from a Physician	Immunizations*, Medications and Other Interventions, Where Available
<b>18-20</b>	<b>Yes</b>	<ul style="list-style-type: none"> <li>• Depression</li> <li>• Diabetes</li> <li>• Full blood count if indicated</li> <li>• Healthy eating assessment</li> <li>• Hepatitis B and C Screening</li> <li>• High Blood Pressure</li> <li>• HIV testing</li> <li>• Obesity</li> <li>• Sexually-transmitted infections</li> <li>• Sterilization procedure (vasectomy)</li> <li>• Syphilis testing(if at high risk)</li> <li>• Tuberculosis (TB) screening</li> </ul>	<ul style="list-style-type: none"> <li>• Alcohol abuse</li> <li>• Dietary counseling if at high risk for diet-related disease</li> <li>• HIV</li> <li>• Malaria</li> <li>• Tobacco use</li> <li>• Water/Food borne diseases (i.e. Typhoid, Cholera)</li> <li>• Weight loss, if obese</li> </ul>	<ul style="list-style-type: none"> <li>• Cholera – if indicated</li> <li>• Haemophilus influenzae type b (Hib) - 1 of 3 doses if indicated</li> <li>• Hepatitis A – 2 doses</li> <li>• Hepatitis B – 3 doses</li> <li>• Herpes Zoster – 1 dose (age 60 and older)</li> <li>• Human Papillomavirus (HPV) – ages 18 – 26, 3 doses if not previously vaccinated</li> <li>• Influenza (Flu) – Annually</li> <li>• Japanese Encephalitis</li> <li>• Measles, Mumps, Rubella – 1 or 2 doses</li> <li>• Meningococcal – 1 or more doses if indicated</li> <li>• Pneumococcal – 1 or 2 doses if indicated</li> <li>• Tetanus, Diphtheria, Pertussis (TdaP) – 1 dose, then boost with Td every 10 years</li> <li>• Typhoid</li> <li>• Varicella (Chickenpox) – 2 doses, ages 19-65</li> <li>• Yellow Fever</li> </ul> <p><b>Medications</b></p> <ul style="list-style-type: none"> <li>• Aspirin (physician prescribed) age 45 to 79 years to reduce myocardial infarctions (if potential benefit outweighs potential harm of increase in gastrointestinal hemorrhage).</li> <li>• Generic Zyban (2 cycles per year, prescribed by doctor) for tobacco cessation</li> </ul>
<b>20 – 35</b>		All services for ages 18 – 20 plus: High cholesterol screening		
<b>35 – 45</b>		All services for ages 18 – 35 plus: High cholesterol screening		
<b>45 – 65</b>		All services for ages 18 – 45, plus: Screening for colorectal cancer (fecal occult blood test - annually, sigmoidoscopy or colonoscopy – every 5-10 years) to age 75 Screening for prostate cancer (PSA blood test) if indicated Annual low dose CT in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years.		
<b>65 and older</b>		All services for ages 18 – 65, plus: For men who have ever smoked, a one-time screening by ultrasonography for abdominal aortic aneurysm		

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				<ul style="list-style-type: none"> <li>· Medications and impregnated nets for malaria prevention</li> <li>· Prescription drugs or over-the-counter agents prescribed for bowel preparation for colonoscopy – age 50 to 75, up to 2 prescriptions per 365-days.</li> </ul>
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## Preventive Care Services for Children (Newborn to Age 10)

Recommendations for screenings/counseling/immunization are made by the health care provider.\*

(\*This is particularly appropriate for genetic testing)

Ages	Well Child Exam	Screenings (At specified ages)	Immunizations and Medications, Where Available
<b>Newborns (Under 12 months)</b>	Yes – at 7-14 days; then at 1, 2, 4, 6, 9 months	<ul style="list-style-type: none"> <li>§ Cardiac defect screening</li> <li>§ Congenital hypothyroidism (lack of thyroid secretions)</li> <li>§ Developmental screening/milestones</li> <li>§ Hearing</li> <li>§ HIV testing</li> <li>§ PKU (phenylketonuria – an inherited metabolic deficiency)</li> <li>· Sickle cell disease</li> <li>· TB screening if high risk</li> </ul>	<p>At birth to age 10:</p> <ul style="list-style-type: none"> <li>· Cholera if indicated</li> <li>· Diphtheria, Tetanus, Pertussis</li> <li>· Haemophilus influenza type b (HIB)</li> <li>· Hepatitis A</li> <li>· Hepatitis B</li> <li>· HPV (human papilloma virus) (3 doses)</li> <li>· Inactivated Polio Virus (IPV)</li> <li>· Influenza</li> <li>· Japanese Encephalitis</li> <li>· Measles, Mumps, Rubella (MMR)</li> <li>· Meningococcal if indicated</li> <li>· Pneumococcal</li> <li>· Rotavirus 2 or 3 doses as indicated</li> <li>· Typhoid if indicated</li> <li>· Varicella (Chickenpox)</li> <li>· Yellow fever</li> </ul> <p><b>Medications</b></p> <ul style="list-style-type: none"> <li>· Medications and impregnated nets malaria prevention** (See attached note)</li> <li>· Prescription chemoprevention of dental caries, if water source deficient in fluorides</li> </ul>
<b>12 to 15 months</b>	Yes – at 12 and 15 months	<ul style="list-style-type: none"> <li>§ Anemia (low red blood cell count)</li> <li>§ Behavioral problems</li> <li>§ Developmental problems</li> <li>§ HIV testing</li> <li>§ Lead, if at high risk of exposure</li> </ul>	
<b>18 months</b>	Yes	<ul style="list-style-type: none"> <li>· Autism</li> <li>· Behavioral problems</li> <li>· Developmental problems</li> <li>· HIV screening</li> </ul>	
<b>24 months/ 2 years to 30 months</b>	Yes – at 24 and 30 months	<ul style="list-style-type: none"> <li>§ Anemia (low red blood cell count)</li> <li>§ Autism</li> <li>§ Behavioral problems</li> <li>§ Developmental problems</li> <li>§ HIV screening</li> <li>§ Lead, if at high risk of exposure</li> <li>§ Oral health assessment</li> <li>§ Tuberculosis (TB) screening if at high risk</li> </ul>	
<b>36 months/3 years</b>	Yes	<ul style="list-style-type: none"> <li>§ Behavioral problems</li> <li>§ Developmental problems</li> <li>§ Height, weight and body mass index (BMI)</li> <li>§ HIV screening</li> <li>§ Oral health assessment</li> <li>§ Skin testing, if at high risk of tuberculosis</li> <li>§ Vision</li> </ul>	
<b>4 – 6 years</b>	Yes	<ul style="list-style-type: none"> <li>§ Behavioral problems</li> <li>§ Hearing</li> <li>§ Height, weight and body mass index (BMI)</li> <li>§ HIV screening</li> <li>§ Oral health assessment</li> <li>§ TB screening if at high risk</li> <li>§ Vision</li> </ul>	

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Ages	Well Child Exam	Screenings (At specified ages)	Immunizations and Medications, Where Available
6 – 10 years	Yes	§ Behavioral problems § Dyslipidemia screening one time between 6-10 yrs (AAP 2014 guidelines)*** § Height, weight and body mass index (BMI) § HIV screening § Obesity screening/counseling to improve weight (by primary care physician or referral for comprehensive, intensive behavioral interventions) § Oral health assessment § TB screening if at high risk § Vision	

**\*\* In regards to the Prophylaxis Treatment of Malaria in children from birth to age 10, this treatment should be undertaken with *strict* specialist medical supervision with the child weighing, *at minimum*, 5 kilograms (11 pounds). Please confer with your prescribing medical professional regarding this treatment.**

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## Preventive Care Services for Children/Adolescents (Ages 11 to 18)

Recommendations for screenings/counseling/immunization are made by the health care provider\*  
 (\*This is particularly appropriate for genetic testing)

Ages	Well Child Exam	Screenings Annually, unless other interval specified or when screening is performed only when patient is at high risk	Behavioral or Informational Counseling from a Physician	Immunizations, Medications and Other Interventions, Where Available
<b>11-18</b>	Yes	<ul style="list-style-type: none"> <li>• Behavioral problems</li> <li>• Blood pressure screening</li> <li>• Hearing risk assessment</li> <li>• Height, weight and body mass index (BMI)</li> <li>• Hepatitis C Screening</li> <li>• HIV</li> <li>• Obesity</li> <li>• Oral health assessment</li> <li>• Tuberculosis (TB) testing – either Tuberculin Skin Test (TST) or Interferon Gamma Release Assay (IGRA) test, where available</li> <li>• Vision (once between ages 11 to 14, once between ages 15 and 17)</li> </ul>	<ul style="list-style-type: none"> <li>• HIV</li> <li>• Malaria</li> <li>• Obesity counseling, to improve weight (primary care physician or referral for comprehensive, intensive behavioral intervention)</li> <li>• Preventive counseling for sexually-transmitted infections (STI), if sexually active</li> <li>• Water/Food borne diseases (i.e. Typhoid, Cholera)</li> </ul>	<ul style="list-style-type: none"> <li>• Cholera</li> <li>• Flu (influenza) – annually</li> <li>• Hepatitis A</li> <li>• Hepatitis B</li> <li>• HPV (human papilloma virus) – between ages 11 – 18 (3 doses)</li> <li>• Japanese Encephalitis</li> <li>• Meningococcal – once between ages 11 and 18</li> <li>• Typhoid</li> <li>• Yellow Fever</li> </ul> <p><b>Medications:</b></p> <ul style="list-style-type: none"> <li>• Medications and impregnated nets for malaria prevention</li> </ul>
<b>Adolescents</b>	Yes	<ul style="list-style-type: none"> <li>• Alcohol and drug use</li> <li>• Depression</li> <li>• Hepatitis C Screening</li> <li>• HIV</li> <li>• Lipid disorders (cholesterol and triglycerides) at 17-18 years, if at high risk</li> <li>• Tuberculosis (TB) screening</li> </ul> <p>For adolescent females:</p> <ul style="list-style-type: none"> <li>• Cervical abnormalities (PAP smear, HPV testing), beginning when sexually active</li> </ul>		

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