

## Alpha-Fetoprotein (AFP) Test

Also known as	1. Maternal Serum Alpha-Fetoprotein (MSAFP) Test				
Description	<p>A blood test done around the 16<sup>th</sup> week of pregnancy to screen for neural tube defects. The AFP Test is part of the maternal serum triple or quadruple screening test.</p> <p>The AFP test can also be used in men, non-pregnant women, and children as a tumor marker for certain types of cancer.</p>				
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none"><li>• <a href="#">Commercial</a></li><li>• <a href="#">Government Programs</a></li><li>• <a href="#">Individual and Family Business (IFB)</a></li></ul>				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>6.25.24</td><td>Refreshed due to age.</td></tr></table>	Date	Description	6.25.24	Refreshed due to age.
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Commercial

Introduction	This section applies to all Commercial brands: Dean Health Plan (DHP), Mayo Medical Plan (MMP), Medica (including MHPS), and Prevea360.				
Benefits (all except MMP)	<p>Quote prenatal benefits.</p> <p><b>California residents:</b> Coverage for any member residing in the state of California who receives this service from the California State Department of Health services will be covered at 100% both in-network (INN) and out-of-network (OON), with no member liability. This coverage applies to all products. (CA State Dept of Health FEDID: 94-3402381).</p>				
Mayo Medical Plan (MMP)	Quote genetic testing benefits. Include laboratory and pathology benefits.				
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.				
AccessAbility (SNBC),  Minnesota Senior Care Plus (MSC+)	<p><a href="#">Medicaid only groups</a>:</p> <ul style="list-style-type: none"><li>• See <a href="#">Medicaid</a> below.</li></ul> <p><a href="#">Medicare eligible groups</a>:</p> <ul style="list-style-type: none"><li>• Quote prenatal benefits.</li><li>• Follows Medicare guidelines.</li><li>• Medicare is the primary payer.</li><li>• If no Medicare eligibility, Medicaid applies. See <a href="#">Medicaid</a> below.</li></ul>				
AccessAbility Enhanced (I-SNBC),  DUAL (MSHO)	<p>Quote prenatal benefits.</p> <ul style="list-style-type: none"><li>• Medica is the only payer.</li></ul>				
Cost (Prime)	<p>Quote prenatal benefits.</p> <ul style="list-style-type: none"><li>• Follows Medicare guidelines.</li></ul>				
Med Advantage	<p>Quote prenatal benefits.</p> <ul style="list-style-type: none"><li>• Follows Medicare guidelines.</li><li>• Medica is the only payer.</li></ul>				
Med Supp (Select, Signature)	<p>Quote prenatal benefits.</p> <ul style="list-style-type: none"><li>• Follows Medicare guidelines.</li><li>• Medicare supplement.</li><li>• Medicare is the primary payer.</li></ul>				
Medicaid	<p>Quote prenatal benefits.</p>				
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## Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) brands: Dean Health Plan (DHP), Medica, Medica (formerly WellFirst), and Prevea360.</p>				
Benefits	<p>Quote prenatal benefits.</p> <p><b>California residents:</b> Coverage for any member residing in the state of California who receives this service from the California State Department of Health services will be covered at 100% both INN and OON, with no member liability. This coverage applies to all products. (CA State Dept of Health FEDID: 94-3402381).</p>				
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