

Using your preventive care benefits is a good way to maintain and even improve your health. When these services are given by a participating provider and billed as routine preventive services, your plan covers them in full. This is true even if you have not met your annual deductible.

<b>Preventive Care Services and Limits</b>	
Well baby/Well child care	<p>For members age 21 and younger according to the following schedule:</p> <ul style="list-style-type: none"> <li>- At birth: One standard in-hospital exam</li> <li>- Ages 0-7: As recommended by the child's pediatrician</li> <li>- Ages 8-21: One exam per calendar year</li> </ul>
Routine physicals	<p>Including appropriate screening radiology and laboratory tests and other screening procedures for members age 22 and older are covered once per calendar year. Screening exams and laboratory tests may include, but are not limited to, blood pressure checks, weight checks, occult blood tests, urinalysis, complete blood count, prostate exams, cholesterol exams, stool guaiac screening, EKG screens, blood sugar tests, and tuberculosis skin tests.</p> <p>Only laboratory tests and other diagnostic testing procedures related to the routine physical exam are covered by this benefit. Any laboratory tests and other diagnostic testing procedures ordered during, but not related to, a routine physical examination are not covered by this preventive care benefit.</p>
Well woman visits	<p>Include the following:</p> <ul style="list-style-type: none"> <li>- One routine gynecological exam each calendar year for women 18 and over. Exams may include Pap smear, pelvic exam, breast exam, blood pressure check, and weight check. Covered lab services are limited to occult blood, urinalysis, and complete blood count.</li> <li>- Pelvic exams and Pap smear exams for women 18 to 64 years of age annually, or at any time when recommended by a women's healthcare provider.</li> <li>- Breast Exams annually for women 18 years of age or older or at any time when recommended by a women's healthcare provider for the purpose of checking for lumps and other changes for early detection and prevention of breast cancer.</li> </ul> <p>Members have the right to seek care from obstetricians and gynecologists for covered services without preapproval or preauthorization.</p>
Routine mammograms	Routine preventive mammograms for women as recommended
Contraceptives	<p>Any deductible, co-payment, and/or co-insurance amounts are waived for Food and Drug Administration (FDA) approved contraceptive methods for all women with reproductive capacity, as supported by the Health Resources and Services Administration (HRSA), when provided by a participating pharmacy. If a generic exists, preferred brand contraceptives will remain subject to regular pharmacy plan benefits unless deemed medically necessary by the member's attending provider. Providers must request formulary exceptions by contacting our Pharmacy Services team. When no generic exists, preferred brands are covered at no cost. If a generic becomes available, the preferred brand will no longer be covered under the preventive care benefit unless deemed medically necessary by the member's attending provider.</p>
Sterilization	This plan covers tubal ligation and vasectomy procedures.
Breastfeeding	Manual and electric breast pumps are covered at no cost once per pregnancy when purchased or rented from a participating licensed provider, or purchased from a retail outlet. Hospital-grade breast pumps are not covered.
Immunizations	<p>Age-appropriate childhood and adult immunizations for primary prevention of infectious diseases as recommended and adopted by the Centers for Disease Control and Prevention, American Academy of Pediatrics, American Academy of Family Physicians, or similar standard-setting body. Benefits do not include immunizations for more elective, investigative, unproven, or discretionary reasons (e.g. travel). Covered immunizations include but may not be limited to the following:</p> <ul style="list-style-type: none"> <li>- Diphtheria, pertussis, and tetanus (DPT) vaccines, given separately or together</li> <li>- Hemophilus influenza B vaccine</li> <li>- Hepatitis A vaccine</li> <li>- Hepatitis B vaccine</li> <li>- Human papillomavirus (HPV) vaccine</li> <li>- Influenza virus vaccine</li> </ul>

<b>Preventive Care Services and Limits</b>	
	<ul style="list-style-type: none"> <li>- Measles, mumps, and rubella (MMR) vaccines, given separately or together</li> <li>- Meningococcal (meningitis) vaccine</li> <li>- Pneumococcal vaccine</li> <li>- Polio vaccine</li> <li>- Shingles vaccine for ages 60 and over</li> <li>- Varicella (chicken pox) vaccine</li> </ul>
Routine Colonoscopy	Colorectal cancer screening exams and lab work including the following: <ul style="list-style-type: none"> <li>- A fecal occult blood test</li> <li>- A flexible sigmoidoscopy</li> <li>- A colonoscopy</li> <li>- A double contrast barium enema</li> </ul>
Prostate cancer screening	Including a digital rectal examination and a prostate-specific antigen test.
Tobacco cessation program services	Tobacco cessation program services and drugs are covered at no charge. Prescribed tobacco cessation related medication will be covered to the same extent this policy covers other prescription medications.
Pharmacy	Unless otherwise stated, a written prescription is required, even if the covered drug is over-the-counter. A 90-day supply is allowed at both participating retail and mail-order pharmacies, unless otherwise noted. <ul style="list-style-type: none"> <li>- Aspirin to prevent cardiovascular disease for ages 45 and over and as a preventive medication after 12 weeks of gestation in women who are at high risk of preeclampsia; generic 81-325 mg only.</li> <li>- Fluoride through age 5 years only</li> <li>- Folic Acid supplements for women who are planning or capable of pregnancy</li> <li>- Iron supplements through age 12 months for those who are at risk for anemia</li> <li>- Vitamin D supplementation to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls</li> <li>- Tobacco cessation medications as prescribed by a doctor:               <ul style="list-style-type: none"> <li>o OTC (gum, patches, lozenges) or prescription tobacco cessation medications (bupropion, Zyban, or Chantix) when purchased at a participating pharmacy</li> <li>o 168 day annual limit on tobacco cessation drugs</li> </ul> </li> </ul>
Other Medical	<ul style="list-style-type: none"> <li>- Services that have a rating of 'A' or 'B' from the U.S. Preventive Services Task Force (USPSTF)</li> <li>- Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC)</li> <li>- Preventive care and screening for infants, children, and adolescents supported by the Health Resources and Services Administration (HRSA)</li> <li>- Preventive care and screening for women supported by the HRSA that are not included in the USPSTF recommendations</li> </ul> A and B lists for preventive services can be found at: <a href="http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/">http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/</a> The list of Women's preventive services can be found at: <a href="http://www.hrsa.gov/womensguidelines/">http://www.hrsa.gov/womensguidelines/</a>

**This is a brief summary. Refer to the benefit policy for more details on benefits, limits, and exclusions.**