

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.

Preventive Care Services and Limits	
Well baby/Well child care	<p>For members age 21 and younger according to the following schedule:</p> <ul style="list-style-type: none"> - At birth: One standard in-hospital exam - Ages 0-2: 12 additional exams during the first 36 months of life - Ages 3-21: One exam per calendar year
Preventive 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 preventive physical exam are covered by this benefit. Any laboratory tests and other diagnostic testing procedures ordered during, but not related to, a preventive 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"> - One preventive 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. - 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. - 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. <p>Members have the right to seek care from obstetricians and gynecologists for covered services without preapproval or preauthorization.</p>
Preventive mammograms	Preventive mammograms for women as recommended
Contraceptives	<p>Contraceptives approved by the Food and Drug Administration (FDA) are covered as recommended by the USPSTF, HRSA, and CDC. Any deductibles, co-payments, and/or co-insurance are waived if a generic is filled. Brand name contraceptives will remain subject to regular pharmacy plan benefits. When no generic exists, brand name contraceptives may be covered at no cost. If your physician prescribes a brand name contraceptive due to medical necessity, it may be subject to preauthorization for coverage at no charge.</p> <p>If an initial three month supply is tried, then a 12 month refill of the same contraceptive is covered at an in-network pharmacy in accordance with pharmacy benefits, regardless if the initial prescription was filled under this plan.</p>
Sterilization	This plan covers tubal ligation and vasectomy procedures. Vasectomy procedures may be subject to the deductible on some plans.
Breastfeeding	Manual and electric breast pumps are covered at no cost once per pregnancy when purchased or rented from an in-network 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"> - Diphtheria, pertussis, and tetanus (DPT) vaccines, given separately or together - Hemophilus influenza B vaccine - Hepatitis A vaccine - Hepatitis B vaccine - Human papillomavirus (HPV) vaccine - Influenza virus vaccine - Measles, mumps, and rubella (MMR) vaccines, given separately or together - Meningococcal (meningitis) vaccine - Pneumococcal vaccine - Polio vaccine

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	<ul style="list-style-type: none"> - Shingles vaccine for recommended adult age groups - Varicella (chicken pox) vaccine
Colonoscopy	<p>Colorectal cancer screening exams and lab work tests assigned a grade 'A' or 'B' by the U.S. Preventive Task Force which includes the following:</p> <ul style="list-style-type: none"> - A colonoscopy, including removal of polyps during the screening procedure if a positive result on any fecal test assigned either a grade 'A' or 'B'; - A fecal occult blood test; - A flexible sigmoidoscopy; or - A double contrast barium enema. <p>A colonoscopy performed for screening purposes on individuals at 'high risk' under age 50 is also considered a preventive service. An individual is at high risk for colorectal cancer if the individual has:</p> <ul style="list-style-type: none"> - Family medical history of colorectal cancer - Prior occurrence of cancer or precursor neoplastic polyps - Prior occurrence of a chronic digestive disease condition such as inflammatory bowel disease - Crohn's disease or ulcerative colitis - Other predisposing factors
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	<p>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.</p> <ul style="list-style-type: none"> - Aspirin to prevent cardiovascular disease and colorectal cancer for ages 50 to 59 and as a preventive medication after 12 weeks of gestation in women who are at high risk of preeclampsia; generic 81mg only. - Low to moderate dose generic statin to prevent cardiovascular disease for age 40 to 75 - Fluoride through age 5 years only - Folic Acid supplements for women under 55 who are planning or capable of pregnancy - Raloxifene and Tamoxifen to reduce primary breast cancer risk in females age 35 and over - Bowel preparation medications for ages 50 through 74 years; Gavilyte-H kit, etc. - Tobacco cessation medications as prescribed by a doctor: <ul style="list-style-type: none"> o Select OTC (gum, patches, lozenges) or prescription tobacco cessation medications (bupropion or Chantix) when purchased at a participating pharmacy o 168 day annual limit on tobacco cessation drugs <p>Please note this information is reviewed and updated periodically. For the most current information, please visit the website below.</p>
Other Medical	<ul style="list-style-type: none"> - Services that have a rating of 'A' or 'B' from the U.S. Preventive Services Task Force (USPSTF) - Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) - Preventive care and screening for infants, children, and adolescents supported by the Health Resources and Services Administration (HRSA) - Preventive care and screening for women supported by the HRSA that are not included in the USPSTF recommendations <p>A and B lists for preventive services can be found at: http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/</p> <p>The list of Women's preventive services can be found at: http://www.hrsa.gov/womensguidelines/</p>

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