

## Preventive Care



### DID YOU KNOW?

Your plan covers many procedures, services, and preventive screenings at no out-of-pocket cost to you. With 100% coverage, you can get the preventive care you need.

For services to be covered as preventive, your doctor must submit claims with preventive codes. If a preventive service identifies a condition that needs further testing or treatment, regular copays, coinsurance, or deductibles may apply. Unless otherwise indicated, these services are generally covered once every 12 months.

This information is subject to change at any time and additional limitations may apply. To verify if your service or supply is considered preventive, call Member Services at **800-538-5038**.

# Zero Out-of-Pocket Cost

## Adult Preventive Services (ages 18 and older)

### Laboratory Tests

- > Complete Blood Count (CBC)
- > Prostate Cancer Screening (PSA)
- > Diabetes Screening
- > Cholesterol Screening
- > Gonorrhea Screening
- > Human Papillomavirus (HPV) Testing (once every 3 years for women ages 30 to 65)
- > Chlamydia Screening
- > Human Immunodeficiency Virus (HIV) Screening
- > Syphilis Screening
- > Tuberculosis (TB) Testing
- > Lead Screening
- > BRCA 1 & 2 Testing (covered once per lifetime for high-risk individuals who meet criteria)
- > Hepatitis B Virus (HBV) Screening (covered for high-risk individuals who meet criteria)
- > Hepatitis C Virus (HCV) Screening (once per lifetime for individuals over age 50)

### Procedures

- > Pap Test (ages 21 to 65)
- > Lung Cancer Screening (between ages 50 and 80)
- > Screening Mammogram
- > Colon Cancer Screening (ages 45 to 75)
- > Abdominal Aortic Aneurysm Screening (males only, once between ages 65 and 75)
- > Bone Density/DEXA (once every two years in women ages 60 and older)
- > Certain Sterilization Procedures (such as tubal ligation)

### Examinations/Counseling

- > Physical Exam
- > Eye Exam
- > Tobacco Use Counseling
- > Alcohol Misuse Screening and Counseling

- > Annual Hearing Screening (ages 65 and older)
- > Glaucoma Screening (Every 12 months)
- > Sexually Transmitted Infections Counseling
- > Dietary Counseling (5 visits every 12 months; only for certain diet-related chronic diseases)
- > Depression Screening

### Immunizations

- > Influenza
- > Tetanus or Tetanus, Diphtheria, and Pertussis (Td, Tdap)
- > Pneumococcal
- > Hepatitis A
- > Meningitis
- > Zoster (ages 50 and older)
- > Human Papillomavirus (HPV) (ages 9 to 45)

### Contraception

Most contraceptives are covered as a preventive service under your pharmacy benefits.

- > Cervical Cap with Spermicide
- > Diaphragm with Spermicide
- > Emergency Contraception (Ella, Plan B)
- > Female Condom
- > Implantable Rod
- > IUDs
- > Generic Oral Contraceptives (Combined Pill, Progestin Only, or Extended/Continuous Use)
- > Patch
- > Shot/Injection (Depo-Provera)
- > Spermicide
- > Sponge with Spermicide
- > Surgical Sterilization for Women (Tubal Ligation)
- > Surgical Sterilization Implant for Women
- > Vaginal Contraceptive Ring

## Pediatric Preventive Services (younger than age 18)

### Procedures/Counseling

- > Preventive Well-Child Visit (no limit from birth to age 12; every 275 days from ages 12 to 18)
- > Eye Exam
- > Depression Screening
- > Developmental Testing
- > Newborn Hearing Screening (once per lifetime)
- > Annual Hearing Screening (ages 10 and younger)
- > Hearing Screening Once every 3 years (ages 11-21)
- > Application of Fluoride Varnish (younger than age 5)
- > Dietary Counseling (5 visits every 12 months; only for certain diet-related chronic diseases)

### Laboratory Tests

- > Newborn Metabolic Screening (younger than age 1)
- > Human Immunodeficiency Virus (HIV) Screening
- > PKU Screening (younger than age 1)
- > Thyroid (younger than age 1)
- > Sickle Cell Disease Screening (younger than age 1)
- > Lead Screenings
- > Tuberculosis (TB) Testing

### Immunizations

- (As recommended by the CDC/ACIP)
- > Measles, Mumps Rubella (MMR)
- > Diphtheria, Tetanus, Pertussis (Dtap, DT, DTP)
- > Haemophilus Influenzae Type B (Hib, DtaP-Hib-IPV, DTP-Hib, Dtap-Hib)
- > Polio (OPV, IPV, DtaP-Hep-LPV)
- > Influenza
- > Pneumococcal
- > Hepatitis A
- > Hepatitis B

- > Meningitis
- > Varicella (including MMVR)
- > Rotavirus
- > Human Papillomavirus (HPV) (ages 9 to 45)

## Obstetrical Preventive Services

These are specific to pregnant women. To determine which additional non-obstetrical services may be considered preventive, please refer to the Adult or Pediatric Preventive Services lists.

### Laboratory Tests

- > Iron Deficiency Anemia Screening
- > Diabetes Screening
- > Urine Study to Detect Asymptomatic Bacteriuria (first prenatal visit or at 12 to 16 weeks gestation)
- > Rubella Screening
- > Rh(D) Incompatibility Screening
- > Hepatitis B Infection Screening (at first prenatal visit)
- > Gonorrhea Screening
- > Chlamydia Screening
- > Syphilis Screening

### Breast-feeding Supplies and Support

- > Breast Pump, Electronic AC or DC (one per pregnancy)
- > Lactation Class (one per pregnancy at a SelectHealth approved facility)

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