

Preventive Care

Most plans cover preventive care at 100%—no copay, coinsurance, or deductible.

For services to be covered as preventive, your doctor must bill your claim with preventive codes. If your provider finds a condition that needs further testing or treatment, you'll need to pay regular copays, coinsurance, or deductibles.

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 (once every 3 years for ages 21 and older)
- Lung Cancer Screening (between ages 50 and 80)
- Screening Mammogram (once every 275 days)
- Colonoscopy Colon Cancer Screening (once every five years for 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 (once 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 & B
- Meningitis
- Zoster (ages 18 and older)
- Human Papillomavirus (HPV) (ages 9 to 45)
- Varicella (MMRV)
- Measles, Mumps, Rubella (MMR)

Contraception

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

- Cervical Cap with Spermicide
- Diaphragm with Spermicide
- Emergency Contraception (Ella, Plan B)
- Condoms
- Implantable Rod
- IUDs
- Generic Oral Contraceptives (Combined Pill, Progestin Only, or Extended/Continuous Use)
- Patch
- Shot/Injection (Depo-Provera)
- Software Application for Contraception (FDA approved only)
- 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 21 and younger)
- 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
- Hepatitis B Virus (HBV) Screening (covered for high-risk individuals who meet criteria)

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 MMRV)
- Rotavirus
- Human Papillomavirus (HPV) (ages 9 to 45)
- Respiratory Syncytial Virus (RSV)

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 Select Health approved facility)

Questions?

Call Member Services at **800-538-5038** or visit selecthealth.org/wellness-resources.

This information is subject to change and additional limitations may apply. This list is not all-encompassing. To verify the eligibility of a service or supply, call Member Services.

* If a colonoscopy is received post Cologuard, the test will no longer be covered as preventive.

** Eye exams for adults on a Utah Benchmark, as well as Idaho, Nevada, and Colorado Individual plans are not covered as a preventive benefit.



Fair Treatment Notice

Select Health obeys Federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status.

We provide free:

- Aid to those with disabilities to help them talk with us. This may be sign language interpreters or info in other formats (large print, audio, electronic).
- Help for those whose first language is not English, such as interpreters or member materials in other languages.

Need help? Call Select Health Member Services at **800-538-5038**.

If you feel you've been treated unfairly, call Select Health 504/Civil Rights Coordinator at **1-844-208-9012** (TTY Users: **711**) or the Compliance Hotline at **1-800-442-4845** (TTY Users: **711**). You may also call the Office for Civil Rights at **1-800-368-1019** (TTY Users: **1-800-537-7697**).

Language Access Services

ATTENTION: If you speak Spanish, free language assistance services are available to you. Call Select Health.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Select Health.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 Select Health

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Select Health.

통지: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Select Health. 번호로 전화해 주십시오.

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ। Select Health मा फोन गर्नुहोस्।

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Select Health.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: Select Health.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги переводчика. Позвоните Select Health.

ATTENTION: si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Contactez Select Health.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。Select Health. まで、お電話にてご連絡ください。

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ПАЖИЊА: Ако говорите Српски, бесплатне услуге помоћи за језик, биће вам доступне. Контактирајте Select Health.

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Select Health. اب لصتا. اناجم قيوغلللا ددعاسملا

امدخ، دین کی تم تب حص ینک دراو ار نابز هب رگا: هوجوت
اب. تسامش رای تخا رد ناگیار تروص ب، ینابز کمک
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หมายเหตุ: หากคุณพูด ใ้ภาษา, การบริการภาษา โดย
ไม่มีค่าใช้จ่าย มีพร้อมบริการให้กับคุณ ติดต่อ Select
Health

Select Health: 1-800-538-5038