

# Preventive Care

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

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We provide 100% coverage for preventive care—but the key is in the codes. Medical codes are used to identify the kind of care you've received, so for services to be covered as preventive, your doctor must submit your claims with preventive codes. If a preventive service finds a condition that needs additional testing or treatment, regular copays, coinsurance, or deductibles may apply. Preventive care services are generally covered once every 12 months, unless otherwise indicated.

Categories for preventive care services include laboratory tests, procedures, examinations and counseling, recommended adult and child immunizations, contraception, and breastfeeding supplies and support. Certain services may be recommended at different frequencies. Remember, not every test within a specific category or service is considered preventive.

Be sure to check your member materials for further details about your preventive care benefits.

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## Questions?

We're happy to explain how this benefit works and how often these services are considered preventive! Call Member Services at **800-538-5038**.



# Preventive Care: 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 (once every two and a half 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)
- Cologuard Test (once every three years 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)

### 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 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

### 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)

This information is subject to change at any time and additional limitations may apply. This list may not include all the preventive care available to you for no money out-of-pocket. To verify if your service or supply is considered preventive, call Member Services at **800-538-5038**.

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

\* Eye exams for adults on a Utah Benchmark, Idaho Individual Benchmark, or a Nevada Individual or Family plan are not covered under the preventive benefit.

