



Wellness Benefits



This schedule outlines preventive services and items that VIVA HEALTH will pay at 100% for its non-grandfathered “Wellness” plans. Many of the services are provided as part of an annual physical, which is covered at 100%. In some cases, an office visit or facility copayment or coinsurance may apply if the preventive service or item is billed separately from the visit. A copayment or coinsurance may also apply if the primary purpose of your visit is not routine, preventive care. All services must be performed by a provider in your network. This list does not apply to all VIVA HEALTH plans. Please refer to your Certificate of Coverage to determine the terms of your health plan.

PREVENTIVE SERVICE	FREQUENCY/LIMITATIONS
Well Baby Visits (Age 0-2) <ul style="list-style-type: none"> Routine screenings, tests, and immunizations 	As recommended per guidelines¹ As recommended per guidelines
Well Child Visits (Age 3-17) <ul style="list-style-type: none"> Routine screenings, tests, & immunizations HIV screening and counseling Obesity screening Hepatitis B virus screening Sexually transmitted infection counseling Anxiety and depression screening Skin cancer behavioral counseling (Beginning at age 10) 	One per year at PCP² As recommended per guidelines As recommended per guidelines As recommended per guidelines As recommended per guidelines Annually Ages 8 and above; Up to three each per calendar year As recommended per guidelines
Routine Physical (Age 18+) (Must be part of your annual physical or OB/GYN visit for coverage at 100%) <ul style="list-style-type: none"> Alcohol misuse screening and counseling Anxiety and depression screening Blood pressure screening Cholesterol screening Diabetes screening Hepatitis B and C virus screening HIV screening and counseling Obesity screening Sexually transmitted infection counseling Syphilis screening Skin cancer behavioral counseling (Up to age 24) 	One per year at PCP² Annually Up to 3 each per calendar year (incl. screenings at physical & well woman visit) Annually As recommended per guidelines As recommended per guidelines As recommended per guidelines As recommended per guidelines As recommended per guidelines As recommended per guidelines Annually As recommended per guidelines As recommended per guidelines
Well Woman Visit (Adolescents & Adults) (Must be part of your annual physical or OB/GYN visit for coverage at 100%) <ul style="list-style-type: none"> Pap smear/cervical cancer screening Chlamydia screening Contraception counseling Domestic violence screening and counseling Gonorrhea screening HPV DNA testing Anxiety and depression screening 	One per year at PCP² or OB/GYN Annually As recommended per guidelines As recommended per guidelines Annually As recommended per guidelines Females 30+, every three years Up to 3 each per calendar year (incl. screenings at physical & well woman visit)
Maternity Care (Pregnant Individuals) Prenatal and Postpartum Services (Up to 6 visits per pregnancy for the following services): <ul style="list-style-type: none"> Anemia screening Bacteriuria screening Chlamydia screening Anxiety and depression screening Gestational diabetes mellitus screening Gonorrhea screening Hepatitis B screening HIV screening Rh incompatibility screening Syphilis screening Breast feeding counseling Tobacco counseling Breast pump purchase³ 	As recommended per guidelines As recommended per guidelines One at 12-16 weeks’ gestation One per pregnancy for at-risk females One each per pregnancy and after delivery First prenatal visit if high-risk; after 24 weeks of gestation for all females One per pregnancy for at-risk females First prenatal visit One per pregnancy First prenatal visit for all females; repeated testing at 24-28 weeks’ gestation if at-risk One per pregnancy Five per pregnancy Three per pregnancy for females who smoke One electric pump selected by VIVA HEALTH every four years



PREVENTIVE SERVICE

FREQUENCY/LIMITATIONS

Contraception (Females)

- | | |
|--|--|
| • Implant (Implanon) | As recommended per guidelines; Performed in physician's office |
| • Injection (Depo-Provera shot) | One every three months |
| • I.U.D. | As recommended per guidelines; Performed in physician's office |
| • Diaphragm or cervical cap | One per year |
| • Sterilization | One procedure per lifetime |
| • Oral contraceptives ⁴ | Generics and select brands; Prescription required |
| • Over the counter contraceptives (Females) ⁴ | Generic only; Prescription required; Quantity limits apply based on method |
| • Contraceptive patch ⁴ | Three per month |
| • Contraceptive vaginal ring ⁴ | One per month |

OTHER PREVENTIVE SERVICES

FREQUENCY/LIMITATIONS

- | | |
|--|---|
| • Osteoporosis screening (All females age 65+ and at-risk of all ages) | As recommended per guidelines |
| • Screening mammography (Females age 40+) | One per year |
| • BRCA risk assessment and genetic counseling/testing (At-risk females) | Per medical/family history |
| • Lung cancer screening (Very heavy smokers age 50-80) | One per year, as recommended per guidelines |
| • Colorectal cancer screening (Age 45+) | One per year |
| o Fecal occult blood testing and Fecal Immunochemical Test (FIT) | One every three years |
| o Fecal-DNA | One every five years |
| o Sigmoidoscopy | One every 10 years |
| o Screening colonoscopy | One per lifetime |
| • Abdominal aortic aneurysm screening (Men age 65-75 w/ smoking history) | One per year, as recommended per guidelines |
| • Tuberculosis screening (Asymptomatic, at-risk adults age 18+) | Four per year at physician's office |
| • Dental caries prevention (Infants and children from birth through age 5) | As recommended by CDC |
| • Routine immunizations⁵ (not travel related) | |
| Includes, but not limited to: | |
| o Influenza (Age 6 months-adult) | Two per calendar year |
| o HPV (Starting age 11-12 or catch-up ages 27-45) | Three doses per lifetime |
| o Pneumococcal | As recommended by PCP |
| o RSV | Infants <8 months, children 8 months – 19 months at increased risk of severe RSV, pregnant individuals 32-36 weeks gestational age of pregnancy, and adults age 60+ |
| o COVID | As recommended by CDC |
| o Zoster (Shingles) (Age 60+) | One per lifetime |
| o RZV/Shingrix (Shingles) (Age 50+) | Two doses per lifetime |
| • Diet/nutrition counseling | Three visits per year |
| • Obesity counseling (Clinically obese children and adults: BMI ≥ 30) | Six visits per lifetime |
| • Tobacco use counseling and interventions | Two visits per year with PCP or specialist |
| • HIV Preventive Services (HIV-uninfected people at high risk, when testing for or undergoing pre-exposure preventive therapy (PrEP). Services include HIV testing, Hepatitis B and C testing, creatine testing, pregnancy testing, STI screening and counseling, and PrEP adherence counseling.) | HIV testing every three months; Other services as recommended per guidelines |

PHARMACY BENEFITS⁴

FREQUENCY/LIMITATIONS

- | | |
|--|---|
| • Aspirin to prevent heart disease (Males ages 45-79; Females ages 55-79) | Generic only |
| • Low-dose (81 mg) aspirin to prevent preeclampsia (High-risk pregnant females after 12 weeks of gestation) | Generic only |
| • Folic acid supplements (Females 55 & younger) | Generic only |
| • Iron supplements (12 months & younger) | For babies at risk for anemia |
| • Oral contraceptives (Females) | Generics and select brands |
| • Over the counter contraceptives (Females) | Generic only |
| • Oral fluoride supplements (6 years & younger) | For children whose water source is fluoride deficient |
| • HIV pre-exposure preventive (PrEP) therapy | HIV PrEP for high-risk, HIV-uninfected individuals (select drugs) |
| • Tobacco cessation products⁶ | Up to 12 weeks without Prior Authorization per calendar year for generic Zyban, generic nicotine patch, gum and lozenge, and nicotine inhaler or nasal spray; up to 24 weeks without Prior Authorization per calendar year for varenicline tartrate (generic only when available) |



PHARMACY BENEFITS⁴

- **Breast cancer preventive drugs** (Females)⁷
- **Statins to prevent cardiovascular disease (CVD)** (At-risk adults ages 40-75 with no history of CVD and 1 or more CVD risk factors)

FREQUENCY/LIMITATIONS

Tamoxifen and raloxifene (generic only)
 Low-to-moderate dose select generics only

VIVA HEALTH Low-to-Moderate Dose Generic Statins Covered at 100%

The list below contains low-to-moderate dose generic statins that VIVA HEALTH will pay at 100% for members ages 40-75 with no history of cardiovascular disease (CVD) but one or more risk factors for CVD on its non-grandfathered “Wellness” plans with prescription drug coverage through VIVA HEALTH. Coverage is still available for other statins on VIVA HEALTH’s formulary that are not included on this list but with the applicable copayment or coinsurance. You or your provider may request an exception from VIVA HEALTH to receive contraception not included in the list below covered at 100%⁷.

ATORVASTATIN 10 – 20MG
 FLUVASTATIN IR AND XL 20 – 80MG

LOVASTATIN 10 – 40 MG
 PRAVASTATIN 10 – 80 MG

SIMVASTATIN 5 – 40MG
 ROSUVASTATIN 5 – 10MG

¹“As recommended per guidelines” means as recommended by your physician and in accordance with guidelines issued under the Affordable Care Act. ²PCP means personal care provider or primary care physician and is generally an internist, family practitioner, general practitioner, pediatrician, and sometimes an obstetrician/gynecologist. ³To order a breast pump, member must be within 30 days of due date or actively breastfeeding. Call MedSouth Medical Supplies at 1-800-423-8677. Exceptions to limits may apply based on medical necessity. ⁴Must have prescription coverage through VIVA HEALTH to access this benefit. Prescription required for coverage, even for over-the-counter products. Quantity limits may apply. Exceptions may apply based on medical necessity. ⁵For a full list of covered immunizations, please visit www.vivahealth.com or call VIVA HEALTH Customer Service at 1-800-294-7780 and ask a representative to mail you a copy. ⁶Prior Authorization must be obtained in order to access additional courses of treatment covered at 100%. ⁷Must complete and return to VIVA HEALTH an exception form to be eligible to receive at \$0 copayment. Visit www.vivahealth.com/provider/Resources to download the form, or call Customer Service.

VIVA HEALTH complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-294-7780 (TTY: 711).

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 1-800-294-7780 (TTY: 711)。