



Wellness Benefits



This schedule outlines preventive services and items that VIVA HEALTH will pay at 100% for the Southern Company plan. 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. Please refer to your Summary Plan Description to determine the terms of your health plan.

PREVENTIVE SERVICE

FREQUENCY/LIMITATIONS

Well Baby Visits (Age 0-2)

As recommended per guidelines¹

- Routine screenings, tests, and immunizations

As recommended per guidelines

Well Child Visits (Age 3-17)

One per year at PCP²

- 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)

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%)

One per year at PCP²

- 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)

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

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% unless frequency is noted "as recommended by PCP or OB/GYN")

One per year at PCP² or OB/GYN

- Pap smear/cervical cancer screening
- Chlamydia screening
- Contraception counseling
- Domestic violence screening and counseling
- Gonorrhea screening
- HPV DNA testing
- Anxiety and depression screening

As recommended by PCP or OB/GYN

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)

Annually

Maternity Care (Pregnant Individuals)

As recommended per guidelines

Prenatal and Postpartum Services (Up to 6 visits per pregnancy for the following services):

- 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 purchase and supplies³

As recommended per guidelines

One at 12-16 weeks' gestation

One per pregnancy if at-risk

One each per pregnancy and after delivery

First prenatal visit if high-risk; after 24 weeks of gestation for all others

One per pregnancy if at-risk

First prenatal visit

One per pregnancy

First prenatal visit; repeat testing at 24-28 weeks' gestation if at-risk

One per pregnancy

Five per pregnancy

Three per pregnancy for individuals who smoke

Breast pump limited to one electric pump selected by VIVA HEALTH per pregnancy



PREVENTIVE SERVICE

FREQUENCY/LIMITATIONS

Contraception (Females)

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|---------------------------------|--|
| • 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 |

OTHER PREVENTIVE SERVICES

FREQUENCY/LIMITATIONS

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| • Osteoporosis screening (All females age 65+ and at-risk of all ages) | As recommended per guidelines |
| • Screening mammography (Females) | As recommended by PCP |
| • BRCA risk assessment and genetic counseling/testing (At-risk females) | Per medical/family history |
| • Colorectal cancer screening | As recommended by PCP |
| ○ Fecal occult blood testing, Fecal Immunochemical Test (FIT), sigmoidoscopy, or screening colonoscopy | One every three years |
| ○ Fecal-DNA | One per year, as recommended per guidelines |
| • Lung cancer screening (Very heavy smokers age 50-80) | As recommended by PCP |
| • Abdominal aortic aneurysm screening (Males 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 immunizations⁴ (not travel related) | |
| Includes, but not limited to: | |
| ○ Influenza (Age 6 months-adult) | Two per calendar year |
| ○ HPV (Starting age 11-12 or catch-up ages 27-45) | Three doses per lifetime |
| ○ Pneumococcal | As recommended by PCP |
| ○ 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+ |
| ○ COVID | As recommended by CDC |
| ○ Zoster (Shingles) | As recommended by PCP |
| ○ RZV/Shingrix (Shingles) (Age 50+) | Two doses per lifetime |
| • Diet/nutrition counseling | As recommended by PCP |
| • Obesity counseling (Clinically obese children: BMI ≥ 95 th percentile for age and sex; Clinically obese adults: BMI ≥ 30) | As recommended by PCP |
| • 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 BENEFITS - Consult CVS Caremark at 1-800-843-5670 for details, frequency, and limitations

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| • Aspirin to prevent heart disease | • HIV pre-exposure preventive (PrEP) therapy |
| • Low-dose (81 mg) aspirin to prevent preeclampsia | • Oral fluoride supplements |
| • Folic acid supplements | • Tobacco cessation products |
| • Iron supplements | • Breast cancer preventive drugs |
| • Oral contraceptives, over the counter contraceptives, contraceptive patch, contraceptive vaginal ring | • Statins to prevent cardiovascular disease (CVD) |

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 or breast pump supplies, member must be pregnant or actively breastfeeding. Prescription required. Call MedSouth Medical Supplies at 1-800-423-8677. Exceptions to limits may apply based on medical necessity. ⁴For a full list of covered immunizations, please visit www.vivahealth.com or call VIVA HEALTH Customer Service at 1-877-320-7504 and ask a representative to mail you a copy.