



This schedule outlines preventive services and items that VIVA HEALTH will pay at 100% for the Infirmatory Health 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 Certificate of Coverage to determine the terms of your health plan.

PREVENTIVE SERVICE

FREQUENCY/LIMITATIONS

Well Baby Visits (Age 0-2)	As recommended per guidelines¹
<ul style="list-style-type: none"> Routine screenings, tests, and immunizations 	As recommended per guidelines
Well Child Visits (Age 3-17)	One per year at PCP²
<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) 	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
<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) 	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%)	One per year at PCP² or OB/GYN
<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 	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):	As recommended per guidelines
<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 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; repeat 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
Contraception (Females)	
<ul style="list-style-type: none"> Implant (Implanon) Injection (Depo-Provera shot) I.U.D. 	As recommended per guidelines; Performed in physician's office One every three months As recommended per guidelines; Performed in physician's office



PREVENTIVE SERVICE

Contraception (Females) *continued*

- Diaphragm or cervical cap
- Sterilization
- Oral contraceptives
- Over the counter contraceptives (Females)
- Contraceptive patch
- Contraceptive vaginal ring

OTHER PREVENTIVE SERVICES

- **Osteoporosis screening** (All females age 65+ and at-risk of all ages)
- **Screening mammography** (Females age 40+)
- **BRCA risk assessment and genetic counseling/testing** (At-risk females)
- **Lung cancer screening** (Very heavy smokers age 50-80)
- **Colorectal cancer screening** (Age 45-75)
 - Fecal occult blood testing and Fecal Immunochemical Test (FIT)
 - Fecal-DNA
 - Sigmoidoscopy
 - Screening colonoscopy
- **Abdominal aortic aneurysm screening** (Males age 65-75 w/ smoking history)
- **Tuberculosis screening** (Asymptomatic, at-risk adults age 18+)
- **Dental caries prevention** (Infants and children from birth through age 5)
- **Routine immunizations⁴** (not travel related)

Includes, but not limited to:

 - Influenza (Age 6 months-adult)
 - HPV (Starting age 11-12 or catch- up ages 27-45)
 - Pneumococcal
 - RSV
 - COVID
 - Zoster (Shingles) (Age 60+)
 - RZV/Shingrix (Shingles) (Age 50+)
- **Diet/nutrition counseling**
- **Obesity counseling** (Clinically obese children and adults: BMI ≥ 30)
- **Tobacco use counseling and interventions**
- **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.)

FREQUENCY/LIMITATIONS

One per year
 One procedure per lifetime
 Consult RX Benefits at 800-334-8134 or rxhelp@rxbenefits.com
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FREQUENCY/LIMITATIONS

As recommended per guidelines
 One per year
 Per medical/family history
 One per year, as recommended per guidelines
 One per year
 One every three years
 One every five years
 One every 10 years
 One per lifetime
 One per year, as recommended per guidelines
 Four per year at physician's office
 As recommended by CDC
 Two per calendar year
 Three doses per lifetime
 As recommended by PCP
 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+
 As recommended by CDC
 One per lifetime
 Two doses per lifetime
 Three visits per year
 Six visits per lifetime
 Two visits per year with PCP or specialist
 HIV testing every three months; Other services as recommended per guidelines

PHARMACY BENEFITS - Consult RX Benefits Member Services at 1-800-334-8134 or rxhelp@rxbenefits.com for details, frequency, and limitations

- Aspirin to prevent heart disease
- Low-dose (81 mg) aspirin to prevent preeclampsia
- Folic acid supplements
- Iron supplements
- Oral contraceptives
- HIV pre-exposure preventive (PrEP) therapy
- Over the counter contraceptives
- Oral fluoride supplements
- Tobacco cessation products
- Breast cancer preventive drugs
- 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, 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. ⁴For 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.