



This schedule outlines preventive services and items that VIVA HEALTH will pay at 100% for the Baptist 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. 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
<b>Well Baby Visits (Age 0-2)</b> <ul style="list-style-type: none"> <li>Routine screenings, tests, and immunizations</li> </ul>	<b>As recommended per guidelines<sup>1</sup></b> As recommended per guidelines
<b>Well Child Visits (Age 3-17)</b> <ul style="list-style-type: none"> <li>Routine screenings, tests, &amp; immunizations</li> <li>HIV screening and counseling</li> <li>Obesity screening</li> <li>Hepatitis B virus screening</li> <li>Sexually transmitted infection counseling</li> <li>Anxiety and depression screening</li> <li>Skin cancer behavioral counseling (Beginning at age 10)</li> </ul>	<b>One per year at PCP<sup>2</sup></b> 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
<b>Routine Physical (Age 18+) (Must be part of your annual physical or OB/GYN visit for coverage at 100%)</b> <ul style="list-style-type: none"> <li>Alcohol misuse screening and counseling</li> <li>Anxiety and depression screening</li> <li>Blood pressure screening</li> <li>Cholesterol screening</li> <li>Diabetes screening</li> <li>Hepatitis B and C virus screening</li> <li>HIV screening and counseling</li> <li>Obesity screening</li> <li>Sexually transmitted infection counseling</li> <li>Syphilis screening</li> <li>Skin cancer behavioral counseling (Up to age 24)</li> </ul>	<b>One per year at PCP<sup>2</sup></b> 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
<b>Well Woman Visit (Adolescents &amp; Adults) (Must be part of your annual physical or OB/GYN visit for coverage at 100%)</b> <ul style="list-style-type: none"> <li>Pap smear/cervical cancer screening</li> <li>Chlamydia screening</li> <li>Contraception counseling</li> <li>Domestic violence screening and counseling</li> <li>Gonorrhea screening</li> <li>HPV DNA testing</li> <li>Anxiety and depression screening</li> </ul>	<b>One per year at PCP<sup>2</sup> or OB/GYN</b> 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)
<b>Maternity Care (Pregnant Individuals) Up to 6 visits per pregnancy for the following services:</b> <ul style="list-style-type: none"> <li>Anemia screening</li> <li>Bacteriuria screening</li> <li>Chlamydia screening</li> <li>Anxiety and depression screening</li> <li>Gestational diabetes mellitus screening</li> <li>Gonorrhea screening</li> <li>Hepatitis B screening</li> <li>HIV screening</li> <li>Rh incompatibility screening</li> <li>Syphilis screening</li> <li>Breast feeding counseling</li> <li>Tobacco counseling</li> <li>Breast pump purchase and supplies<sup>3</sup></li> </ul>	<b>As recommended per guidelines (Prenatal and Postpartum Services)</b> 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
<b>Contraception (Females)</b> <ul style="list-style-type: none"> <li>Implant (Implanon)</li> <li>Injection (Depo-Provera shot)</li> </ul>	As recommended per guidelines; Performed in physician's office One every three months



### PREVENTIVE SERVICE

### FREQUENCY/LIMITATIONS

#### Contraception (Females) *continued*

- |  |  |
|--|--|
| • 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 <sup>4</sup>                       | Generics and select brands; Prescription required                          |
| • Over the counter contraceptives (Females) <sup>4</sup> | Generic only; Prescription required; Quantity limits apply based on method |
| • Contraceptive patch <sup>4</sup>                       | Three per month  |
| • Contraceptive vaginal ring <sup>4</sup>                | One per month  |

#### 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 or
  - 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 immunizations<sup>5</sup>** (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: BMI ≥ 95<sup>th</sup> percentile for age and sex; Clinically obese 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

- 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<sup>4</sup>

- **Aspirin to prevent heart disease** (Males ages 45-79; Females ages 55-79)
- **Low-dose (81 mg) aspirin to prevent preeclampsia** (High-risk pregnant females after 12 weeks of gestation)
- **Folic acid supplements** (Females 55 & younger)
- **Iron supplements** (12 months & younger)
- **Oral contraceptives** (Females)
- **Over the counter contraceptives** (Females)
- **Oral fluoride supplements** (6 years & younger)
- **Tobacco cessation products<sup>6</sup>**

### FREQUENCY/LIMITATIONS

- Generic only
- Generic only
  
- Generic only
- For babies at risk for anemia
- Generics and select brands
- Generic only
- For children whose water source is fluoride deficient
- 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 BENEFITS<sup>4</sup>, *continued*

- **Breast cancer preventive drugs** (Females)<sup>7</sup>
- **Statins to prevent cardiovascular disease (CVD)** (At-risk adults ages 40-75 with no history of CVD and 1 or more CVD risk factors)
- **HIV pre-exposure preventive (PrEP) therapy**

### FREQUENCY/LIMITATIONS

Tamoxifen and raloxifene (generic only)  
 Low-to-moderate dose select generics only  
 For high-risk, HIV-uninfected individuals (select drugs)

### 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%<sup>7</sup>.

ATORVASTATIN 10 – 20MG	LOVASTATIN 10 – 40 MG	SIMVASTATIN 5 – 40MG
FLUVASTATIN IR AND XL 20 – 80MG	PRAVASTATIN 10 – 80 MG	ROSUVASTATIN 5 – 10MG

<sup>1</sup>“As recommended per guidelines” means as recommended by your physician and in accordance with guidelines issued under the Affordable Care Act. <sup>2</sup>PCP means personal care provider or primary care physician and is generally an internist, family practitioner, general practitioner, pediatrician, and sometimes an obstetrician/gynecologist. <sup>3</sup>To order a breast pump or breast pump supplies, 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. <sup>4</sup>Must 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 <sup>5</sup>For a full list of covered immunizations, please visit [www.vivahealth.com](http://www.vivahealth.com) or call VIVA HEALTH Customer Service at 1-800-294-7780 and ask a representative to mail you a copy. <sup>6</sup>Prior Authorization must be obtained in order to access additional courses of treatment covered at 100%. <sup>7</sup>Must complete and return to VIVA HEALTH an exception form to be eligible to receive at \$0 copayment. Visit [www.vivahealth.com/provider/Resources](http://www.vivahealth.com/provider/Resources) to download the form, or call Customer Service.