



This schedule outlines preventive services and items that VIVA HEALTH will pay at 100% for its Drummond Company, Inc. 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)

- Routine screenings, tests, and immunizations

As recommended per guidelines¹

As recommended per guidelines

Well Child Visits (Age 3-17)

- Routine screenings, tests, and 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%)*

- 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

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%)*

- 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) 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 (Prenatal and Postpartum Services)

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

Contraception (Females)

- 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

FREQUENCY/LIMITATIONS

One per year
 One procedure per lifetime
 Consult CVS Caremark at 1-844-253-2025
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OTHER PREVENTIVE SERVICES

- **Osteoporosis screening** (All females age 65+ and at-risk women 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 27-45)
 - Pneumococcal
 - RSV
 - COVID
 - Zoster (Shingles) (Age 60+)
 - RZV/Shingrix (Shingles) (Age 50+)
- **Diet/nutrition counseling**
- **Obesity counseling** (Clinically obese children: BMI ≥ 95th 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 - Consult CVS Caremark Member Services at 1-844-253-2025 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
- Oral contraceptives, contraceptive patch, contraceptive vaginal ring, and 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 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. ⁴For a full list of covered immunizations, please visit www.vivahealth.com or call VIVA HEALTH Customer Service at 1-866-300-0297 and ask a representative to mail you a copy.