

I.U.D.

# Wellness Benefits





This schedule outlines preventive services and items that VIVA HEALTH will pay at 100% for its ABC Coke Division of 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.

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PREVENTIVE SERVICE	FREQUENCY/LIMITATIONS
Well Baby Visits (Age 0-2)	As recommended per guidelines <sup>1</sup>
<ul> <li>Routine screenings, tests, and immunizations</li> </ul>	As recommended per guidelines
Well Child Visits (Age 3-17)	One per year at PCP <sup>2</sup>
<ul> <li>Routine screenings, tests, and immunizations</li> </ul>	As recommended per guidelines
<ul> <li>HIV screening and counseling</li> </ul>	As recommended per guidelines
Obesity screening	As recommended per guidelines
Hepatitis B virus screening	As recommended per guidelines
<ul> <li>Sexually transmitted infection counseling</li> </ul>	Annually
<ul> <li>Anxiety and depression screening</li> </ul>	Ages 8 and above; Up to three each per calendar year
Skin cancer behavioral counseling (Beginning at age 10)	As recommended per guidelines
Routine Physical (Age 18+) (Must be part of your annual	One per year at PCP <sup>2</sup>
physical or OB/GYN visit for coverage at 100%)	
<ul> <li>Alcohol misuse screening and counseling</li> </ul>	Annually
<ul> <li>Anxiety and depression screening</li> </ul>	Up to 3 each per calendar year (incl. screenings at physical & well woman visit)
<ul> <li>Blood pressure screening</li> </ul>	Annually
<ul> <li>Cholesterol screening</li> </ul>	As recommended per guidelines
<ul> <li>Diabetes screening</li> </ul>	As recommended per guidelines
<ul> <li>Hepatitis B and C virus screening</li> </ul>	As recommended per guidelines
<ul> <li>HIV screening and counseling</li> </ul>	As recommended per guidelines
Obesity screening	As recommended per guidelines
<ul> <li>Sexually transmitted infection counseling</li> </ul>	Annually
Syphilis screening	As recommended per guidelines
<ul> <li>Skin cancer behavioral counseling (Up to age 24)</li> </ul>	As recommended per guidelines
Well Woman Visit (Adolescents & Adults) (Must be part of	One per year at PCP <sup>2</sup> or OB/GYN
your annual physical or OB/GYN visit for coverage at 100%)	
<ul> <li>Pap smear/cervical cancer screening</li> </ul>	Annually
Chlamydia screening	As recommended per guidelines
<ul> <li>Contraception counseling</li> </ul>	As recommended per guidelines
<ul> <li>Domestic violence screening and counseling</li> </ul>	Annually
Gonorrhea screening	As recommended per guidelines
HPV DNA testing	Females 30+, every three years
<ul> <li>Anxiety and depression screening</li> </ul>	Up to 3 each per calendar year (incl. screenings at physical & well woman visit)
Maternity Care (Pregnant Individuals) Up to 6 visits per	As recommended per guidelines (Prenatal and Postpartum Services)
pregnancy for the following services:	7.5 resonance per galacines (Frenatar and Fostpartain Services)
Anemia screening	As recommended per guidelines
Bacteriuria screening	One at 12-16 weeks' gestation
Chlamydia screening	One per pregnancy if at-risk
Anxiety and depression screening	One each per pregnancy and after delivery
Gestational diabetes mellitus screening	First prenatal visit if high-risk; after 24 weeks of gestation for all others
Gestational diabetes meintus screening     Gonorrhea screening	One per pregnancy if at-risk
Hepatitis B screening     HIV screening	First prenatal visit
HIV screening	One per pregnancy
Rh incompatibility screening	First prenatal visit; repeat testing at 24-28 weeks' gestation if at-risk
Syphilis screening	One per pregnancy
Breast feeding counseling	Five per pregnancy
Tobacco counseling	Three per pregnancy for individuals who smoke
Breast pump purchase and supplies <sup>3</sup>	Breast pump limited to one electric pump selected by VIVA HEALTH per pregnancy
Contraception (Females)	
Implant (Implanon)	As recommended per guidelines; Performed in physician's office
<ul> <li>Injection (Depo-Provera shot)</li> </ul>	One every three months
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As recommended per guidelines; Performed in physician's office



## Wellness Benefits





#### 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 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 0

RSV 0

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

One per year

One procedure per lifetime

Consult CVS Caremark at 1-844-253-2025 Consult CVS Caremark at 1-844-253-2025 Consult CVS Caremark at 1-844-253-2025

Consult CVS Caremark at 1-844-253-2025

#### 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)

<sup>1&</sup>quot;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.