



# Wellness Benefits

This schedule outlines preventive services and items that VIVA HEALTH will pay at 100 % for its non-grandfathered “Wellness” plans. 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. “As recommended per guidelines” means as recommended under the federal health reform law. See footnote for more information.

## PREVENTIVE SERVICE

## FREQUENCY

### Well Baby Visits (Age 0-2)

Routine Screenings, tests, & immunizations

**As recommended per guidelines<sup>1</sup>**

As recommended per guidelines

### Well Child Visits (Age 3-17)

*(Must be part of the annual well child visit for coverage at 100%)*

Routine screenings, tests, & immunizations

HIV screening & Counseling

Obesity Screening

**One per year at PCP<sup>2</sup>**

As recommended per guidelines

As recommended per guidelines

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 & counseling

Blood pressure screening

Cholesterol screening

Depression screening

Diabetes screening

Hepatitis C Virus Screening

HIV screening & counseling

Obesity screening

Sexually transmitted infection counseling

Syphilis screening

**One per year at PCP**

Annually

Annually

As recommended per guidelines

Annually

As recommended per guidelines

As recommended per guidelines

As recommended per guidelines

As recommended per guidelines

Annually

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 & counseling

Gonorrhea screening

HPV DNA testing

**One per year at PCP or OB/GYN**

Annually

As recommended per guidelines

Annually

Annually

As recommended per guidelines

Women 30+, every three years

### Maternity Care (Pregnant Women)

Anemia screening

Bacteriuria screening

Breast feeding interventions

Breast pump purchase<sup>3</sup>

Chlamydia screening

Gestational diabetes screening

Gonorrhea screening

Hepatitis B screening

HIV screening

Rh incompatibility screening

Syphilis screening

Tobacco counseling

**As recommended per guidelines**

One per pregnancy

One at 12-14 weeks' gestation

Two per pregnancy

One electric pump selected by VIVA HEALTH every four years<sup>4</sup>

One per pregnancy for at-risk women

First prenatal visit if high-risk; 24-28 weeks' gestation for all women

One per pregnancy for at-risk women

First Prenatal visit

One per pregnancy

First prenatal visit for all women; 24-28 weeks' gestation if at-risk

One per pregnancy

Three per pregnancy for women who smoke



# Wellness Benefits

## PREVENTIVE SERVICE

## FREQUENCY

### Contraception (Females)

- Oral Contraceptives<sup>5</sup>
- Implant (Implanon)
- Injection (Depo-Provera shot)
- I.U.D.
- Diaphragm or cervical cap
- Over the counter contraceptives (Females)<sup>5</sup>
- Sterilization
- Contraceptive Patch
- Contraceptive Vaginal Ring

Generic only; Prescription required  
 One every three years; Performed in physician's office  
 One every three months  
 One every three years; Performed in physician's office  
 One per year  
 Generic only; Prescription required; Quantity limits apply based on method  
 One procedure per lifetime  
 Three per month  
 One per month  
 As recommended per guidelines  
 One per year  
 Per medical/family history

### Osteoporosis screening (At-risk women; Other women age 65+)

### Screening mammography (Women age 40+)

### Counseling for chemoprevention of breast cancer (Women at risk)

### Colorectal cancer screening (Age 50-75)

- Fecal occult blood testing or
- Sigmoidoscopy or
- Screening colonoscopy

One per year  
 One every five years  
 One every 10 years  
 One per lifetime

### Abdominal aortic aneurysm screening (Men with smoking history)

### Routine immunizations (not travel related) Includes, but not limited to:

- Influenza (Age 6 months-adult)
- HPV (Girls starting age 11-12)
- Pneumococcal
- Zoster (shingles) (Age 60+)

As recommended by CDC  
 One per year  
 3 doses per lifetime  
 As recommended by PCP  
 One per lifetime

*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.*

### Diet Counseling (Adults with high cholesterol or other risks for heart or diet-related chronic disease)

Three visits per year with PCP

### Obesity counseling (Clinically obese children and adults: BMI > 30)

Six visits per lifetime with PCP

### Tobacco counseling

One visit per year with PCP or specialist

## PHARMACY BENEFITS<sup>5</sup>

Prescription required for coverage, even for over-the-counter products. Quantity limits may apply.

### Aspirin to prevent heart disease (Age 45+)

Generic only

### Folic acid supplements (Women 55 & younger)

Generic only

### Iron supplements (12 months & younger)

For babies at risk for anemia

### Oral contraceptives (Females)

Generic only

### Over the counter contraceptives (Females)

Generic only

### Oral fluoride supplements (6 years & younger)

For children whose water source is fluoride deficient

### Vitamin D (At-risk 65+)

Generic only; for those at increased risk for falls

### Tobacco cessation products (Adults who smoke)

Up to 12 weeks per lifetime generic Zyban, generic nicotine patch, gum and lozenge, and nicotine inhaler or nasal spray; up to 24 weeks per lifetime varenicline tartrate (Chantix)<sup>4</sup>

### Breast Cancer Preventive Drugs (Women)

Tamoxifen and raloxifene (generic only)<sup>6</sup>

<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, employee or employee's spouse must be within 30 days of due date or within 60 days of delivery. Call MedSouth Medical Supplies at 1-800-423-8677. <sup>4</sup>Exceptions may apply to limits based on medical necessity. <sup>5</sup>Must have prescription coverage through VIVA HEALTH to access this benefit. <sup>6</sup>Must complete and return to VIVA HEALTH an exception form to be eligible to receive at \$0 copayment. Go to [www.vivaprovider.com/Resources/Forms.aspx](http://www.vivaprovider.com/Resources/Forms.aspx) to download the form, or call Customer Service.