



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)	As recommended per guidelines¹
Routine Screenings, tests, & immunizations	As recommended per guidelines
Well Child Visits (Age 3-17)	One per year at PCP²
<i>(Must be part of the annual well child visit for coverage at 100%)</i>	
Routine screenings, tests, & immunizations	As recommended per guidelines
HIV screening & Counseling	As recommended per guidelines
Obesity Screening	As recommended per guidelines
Routine Physical (Age 18+)	One per year at PCP
<i>(Must be part of your annual physical or OB/GYN visit for coverage at 100%)</i>	
Alcohol misuse screening & counseling	Annually
Blood pressure screening	Annually
Cholesterol screening	As recommended per guidelines
Depression screening	Annually
Diabetes screening	As recommended per guidelines
Hepatitis C Virus Screening	As recommended per guidelines
HIV screening & counseling	As recommended per guidelines
Obesity screening	As recommended per guidelines
Sexually transmitted infection counseling	Annually
Syphilis screening	As recommended per guidelines
Well Woman Visit (Adolescents & Adults)	One per year at PCP or OB/GYN
<i>(Must be part of your annual physical or OB/GYN visit for coverage at 100%)</i>	
Pap smear/cervical cancer screening	Annually
Chlamydia screening	As recommended per guidelines
Contraception counseling	Annually
Domestic violence screening & counseling	Annually
Gonorrhea screening	As recommended per guidelines
HPV DNA testing	Women 30+, every three years
Maternity Care (Pregnant Women)	As recommended per guidelines
Anemia screening	One per pregnancy
Bacteriuria screening	One at 12-14 weeks' gestation
Breast feeding interventions	Two per pregnancy
Breast pump purchase ³	One electric pump selected by VIVA HEALTH every four years ⁴
Chlamydia screening	One per pregnancy for at-risk women
Gestational diabetes screening	First prenatal visit if high-risk; 24-28 weeks' gestation for all women
Gonorrhea screening	One per pregnancy for at-risk women
Hepatitis B screening	First Prenatal visit
HIV screening	One per pregnancy
Rh incompatibility screening	First prenatal visit for all women; 24-28 weeks' gestation if at-risk
Syphilis screening	One per pregnancy
Tobacco counseling	Three per pregnancy for women who smoke



Wellness Benefits

PREVENTIVE SERVICE

FREQUENCY

Contraception (Females)

- Oral Contraceptives⁵
- Implant (Implanon)
- Injection (Depo-Provera shot)
- I.U.D.
- Diaphragm or cervical cap
- Over the counter contraceptives (Females)⁵
- 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 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 BENEFITS⁵

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)⁴

Breast Cancer Preventive Drugs (Women)

Tamoxifen and raloxifene (generic only)⁶

¹As 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, 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. ⁴Exceptions may apply to limits based on medical necessity.

⁵Must have prescription coverage through VIVA HEALTH to access this benefit. ⁶Must 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 to download the form, or call Customer Service.