



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 guidelines¹ As recommended per guidelines
Well Child Visits (Age 3-17) <i>(Must be part of the annual well child visit for coverage at 100%)</i> Routine screenings, tests, & immunizations HIV screening & Counseling Obesity Screening	One per year at PCP² As recommended per guidelines As recommended per guidelines As recommended per guidelines
Routine Physical (Age 18+) <i>(Must be part of your annual physical or OB/GYN visit for coverage at 100%)</i> 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) <i>(Must be part of your annual physical or OB/GYN visit for coverage at 100%)</i> 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 ³ 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 ⁴ 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

Contraception (Females)

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

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

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+)

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)

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

Tobacco counseling

FREQUENCY

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

As recommended per guidelines

One per year

Per medical/family history

One per year

One every five years

One every 10 years

One per lifetime

As recommended by CDC

One per year

3 doses per lifetime

As recommended by PCP

One per lifetime

Three visits per year with PCP

Six visits per lifetime with PCP

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 generic Zyban and varenicline tartrate (Chantix) per lifetime⁴

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.