



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.

PREVENTIVE SERVICE	FREQUENCY/LIMITATIONS
Well Baby Visits (Age 0-2) <ul style="list-style-type: none"> Routine screenings, tests, and immunizations 	As recommended per guidelines¹ As recommended per guidelines
Well Child Visits (Age 3-17) <ul style="list-style-type: none"> Routine screenings, tests, & immunizations HIV screening and counseling Obesity screening Hepatitis B virus screening Sexually transmitted infection counseling Anxiety 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 Adolescent females – 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> <ul style="list-style-type: none"> Alcohol misuse screening and counseling Anxiety screening Blood pressure screening Cholesterol screening Depression 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 Females – as recommended per guidelines 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 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> <ul style="list-style-type: none"> Pap smear/cervical cancer screening Chlamydia screening Contraception counseling Domestic violence screening and counseling Gonorrhea screening HPV DNA testing Anxiety screening 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 As recommended per guidelines Annually
Maternity Care (Pregnant Females) Prenatal and Postpartum Services <i>(Up to 6 visits per pregnancy for the following services):</i> <ul style="list-style-type: none"> Anemia screening Bacteriuria screening Chlamydia screening Anxiety screening Depression screening Gestational diabetes mellitus screening Gonorrhea screening Hepatitis B screening HIV screening Rh incompatibility screening Syphilis screening Breast feeding counseling 	As recommended per guidelines As recommended per guidelines One at 12-16 weeks' gestation One per pregnancy for at-risk females As recommended per guidelines One per pregnancy and one postpartum First prenatal visit if high-risk; after 24 weeks of gestation for all females One per pregnancy for at-risk females First prenatal visit One per pregnancy First prenatal visit for all females; repeated testing at 24-28 weeks' gestation if at-risk One per pregnancy Two per pregnancy



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PREVENTIVE SERVICE

FREQUENCY/LIMITATIONS

Maternity Care (Pregnant Females), *continued*

- Tobacco counseling
- Breast pump purchase³

Three per pregnancy for females who smoke
One electric pump selected by VIVA HEALTH every four years

Contraception (Females)

- Oral contraceptives⁴
- Implant (Implanon)
- Injection (Depo-Provera shot)
- I.U.D.
- Diaphragm or cervical cap
- Over the counter contraceptives (Females)⁴
- Sterilization
- Contraceptive patch
- Contraceptive vaginal ring

Select generics only; Prescription required
As recommended per guidelines; Performed in physician's office
One every three months
As recommended per guidelines; 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

Other Preventive Services

- **Osteoporosis screening** (All females age 65+ and at-risk 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 55-80)
- **Colorectal cancer screening** (Age 50-75)
 - Fecal occult blood testing and Fecal Immunochemical Test (FIT)
 - Fecal-DNA
 - Sigmoidoscopy
 - Screening colonoscopy
- **Abdominal aortic aneurysm screening** (Men 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 immunizations⁵** (Not travel related); Includes, but not limited to:
 - Influenza (Age 6 months-adult)
 - HPV (Starting age 11-12 or catch-up ages 27-45)
 - Pneumococcal
 - Zoster (Shingles) (Age 60+)
 - RZV/Shingrix (Shingles) (Age 50+)
- **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 use counseling and interventions**

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
One per lifetime
Two doses per lifetime
Three visits per year
Six visits per lifetime
Two visits per year with PCP or specialist

PHARMACY BENEFITS⁴

FREQUENCY/LIMITATIONS

- **Aspirin to prevent heart disease** (Males ages 45-79; Females ages 55-79)
- **Low-dose (81 mg) aspirin to prevent preeclampsia** (High-risk pregnant females after 12 weeks of gestation)
- **Folic acid supplements** (Females 55 & younger)
- **Iron supplements** (12 months & younger)
- **Oral contraceptives** (Females)
- **Over the counter contraceptives** (Females)
- **Oral fluoride supplements** (6 years & younger)
- **HIV pre-exposure preventive (PrEP) therapy**
- **Tobacco cessation products⁶**
- **Breast cancer preventive drugs** (Females)⁷

Generic only
Generic only
Generic only
For babies at risk for anemia
Select generics only
Generic only
For children whose water source is fluoride deficient
HIV PrEP for high-risk, HIV-negative individuals (generic only when available)
Up to 12 weeks without Prior Authorization per calendar year for generic Zyban, generic nicotine patch, gum and lozenge, and nicotine inhaler or nasal spray; up to 24 weeks without Prior Authorization per calendar year for varenicline tartrate (Chantix)
Tamoxifen and raloxifene (generic only)



Wellness Benefits



PHARMACY BENEFITS⁴

FREQUENCY/LIMITATIONS

- **Statins to prevent cardiovascular disease (CVD)** (At-risk adults ages 40-75 with no history of CVD and 1 or more CVD risk factors) Low-to-moderate dose select generics only

VIVA HEALTH Oral Contraceptive Drugs Covered at 100%

The list below contains oral contraceptives that VIVA HEALTH will pay at 100% for its non-grandfathered “Wellness” plans with prescription drug coverage through VIVA HEALTH. Coverage is still available for other oral contraceptive drugs on VIVA HEALTH’s formulary that are not included on this list but with the applicable copayment or coinsurance unless you qualify for an exception based on medical necessity.

Category 1: Oral Contraceptive - Combined Pill

ALTAVERA	JUNEL	MICROGESTIN	TRI-LINYAH
CAZIAN	JUNEL FE (excluding 24 FE)	MICROGESTIN FE	TRINESSA
CESIA	KURVELO	MONO-LINYAH	TRI-PREVIFEM
CHATEAL	LARIN	MONONESSA	TRI-SPRINTEC
CRYSSELLE	LARIN FE (excluding 24 FE)	MYZILRA	TRIVORA-28
ELINEST	LEVONEST	PORTIA	VELIVET
ENPRESSE	LEVORA-28	PREVIFEM	
GILDESS	LOW-OGESTREL	SPRINTEC	
GILDESS FE (excluding 24 FE)	MARLISSA	TRI-ESTARYLL	

Category 2: Oral Contraceptive- Progestin Only

CAMILA	ERRIN	JOLIVETTE	NORETHINDRONE
DEBLITANE	HEATHER	NORA-BE	SHAROBEL

Category 3: Oral Contraceptive- Extended Cycle

INTROVALE	JOLESSA	QUASENSE	LEVONORGESTREL-ETH ESTRADIOL (91-DAY) TAB 0.15-0.03 MG
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VIVA HEALTH Low-to-Moderate Dose Generic Statins Covered at 100%

The list below contains low-to-moderate dose generic statins that VIVA HEALTH will pay at 100% for members ages 40-75 with no history of cardiovascular disease (CVD) but one or more risk factors for CVD on its non-grandfathered “Wellness” plans with prescription drug coverage through VIVA HEALTH. Coverage is still available for other statins on VIVA HEALTH’s formulary that are not included on this list but with the applicable copayment or coinsurance.

ATORVASTATIN 10 – 20MG	LOVASTATIN 10 – 40 MG	SIMVASTATIN 5 – 40MG
FLUVASTATIN IR AND XL 20 – 80MG	PRAVASTATIN 10 – 80 MG	ROSUVASTATIN 5 – 10MG

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, 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. ⁴Must have prescription coverage through VIVA HEALTH to access this benefit. Prescription required for coverage, even for over-the-counter products. Quantity limits may apply. Exceptions may apply based on medical necessity. ⁵For 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. ⁶Prior Authorization must be obtained in order to access additional courses of treatment covered at 100%. ⁷Must complete and return to VIVA HEALTH an exception form to be eligible to receive at \$0 copayment. Visit www.vivaprovider.com/Resources/Forms.aspx to download the form, or call Customer Service.

VIVA HEALTH complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-294-7780 (TTY: 711).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-294-7780 (TTY: 711)。