



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, & immunizationsHIV screening and counselingObesity screeningHepatitis B virus screeningSexually transmitted infection counselingAnxiety and depression screeningSkin cancer behavioral counseling	One per year at PCP² As recommended per guidelines As recommended per guidelines As recommended per guidelines As recommended per guidelines Annually Ages 8 and above; Up to three each per calendar year Ages 10 and above; 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 counselingAnxiety and depression screeningBlood pressure screeningCholesterol screeningDiabetes screeningHepatitis B and C virus screeningHIV screening and counselingObesity screeningSexually transmitted infection counselingSyphilis screeningSkin cancer behavioral counseling (Up to age 24)	One per year at PCP² Annually Up to 3 each per calendar year (incl. screenings at physical & well woman visit) Annually As recommended per guidelines 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 screeningChlamydia screeningContraception counselingDomestic violence screening and counselingGonorrhea screeningHPV DNA testingAnxiety and 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 Up to 3 each per calendar year (incl. screenings at physical & well woman visit)
Maternity Care (Pregnant Individuals) Prenatal and Postpartum Services <i>(Up to 6 visits per pregnancy for the following services):</i> <ul style="list-style-type: none">Anemia screeningBacteriuria screeningChlamydia screeningAnxiety and depression screeningPerinatal depression counselingGestational diabetes mellitus screeningGonorrhea screeningHepatitis B screeningHIV screeningRh incompatibility screeningSyphilis screeningTobacco counselingBreast feeding counselingBreast pump purchase and supplies³	As recommended per guidelines As recommended per guidelines One at 12-16 weeks' gestation One per pregnancy if at risk One each per pregnancy and after delivery Two per year First prenatal visit if high-risk; after 24 weeks of gestation for all others One per pregnancy if at risk First prenatal visit One per pregnancy First prenatal visit; repeated testing at 24-28 weeks' gestation if at-risk One per pregnancy Three per pregnancy for individuals who smoke Five per pregnancy Breast pump limited to one electric pump selected by VIVA HEALTH per pregnancy



PREVENTIVE SERVICE

Contraception (Females)

• Implant (Implanon)	As recommended per guidelines; Performed in physician's office
• Injection (Depo-Provera shot)	One every three months
• I.U.D.	As recommended per guidelines; Performed in physician's office
• Diaphragm or cervical cap	One per year
• Sterilization	One procedure per lifetime
• Oral contraceptives ⁴	Generics and select brands; Prescription required
• Over the counter contraceptives (Females) ⁴	Generic only; Prescription required; Quantity limits apply based on method
• Contraceptive patch ⁴	Three per month
• Contraceptive vaginal ring ⁴	One per month

FREQUENCY/LIMITATIONS

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 50-80)
- **Colorectal cancer screening** (Age 45+)
 - 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
 - RSV
 - COVID
 - Zoster (Shingles) (Age 60+)
 - RZV/Shingrix (Shingles) (Age 50+)
- **Diet/nutrition counseling**
- **Obesity counseling** (Clinically obese children: BMI \geq 95th percentile for age and sex; Clinically obese adults: BMI \geq 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

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 BENEFITS⁴

- **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**
- **Breast cancer preventive drugs** (Females)⁶
- **Statins to prevent cardiovascular disease (CVD)** (At-risk adults ages 40-75 with no history of CVD and 1 or more CVD risk factors)
- **Tobacco cessation products⁷**

FREQUENCY/LIMITATIONS

Generic only
Generic only

Generic only
For babies at risk for anemia
Generics and select brands
Generic only
For children whose water source is fluoride deficient
For high-risk, HIV-uninfected individuals (select drugs)
Tamoxifen and raloxifene (generic only)
Low-to-moderate dose select generics only

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 (generic only when available)



Wellness Benefits



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
FLUVASTATIN IR AND XL 20 – 80MG

LOVASTATIN 10 – 40 MG
PRAVASTATIN 10 – 80 MG

SIMVASTATIN 5 – 40MG
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 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. 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. ⁶Must complete and return to VIVA HEALTH an exception form to be eligible to receive at \$0 copayment. Visit www.vivahealth.com/provider/Resources to download the form, or call Customer Service. ⁷Prior Authorization must be obtained in order to access additional courses of treatment covered at 100%.