



Wellness Benefits



This schedule outlines preventive services and items that VIVA HEALTH will pay at 100% for the Southern Company plan. 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. Please refer to your Summary Plan Description 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% unless frequency is noted "as recommended by PCP or OB/GYN")</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 As recommended by PCP or OB/GYN 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) Annually
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 screeningBreast feeding counselingTobacco 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; repeat testing at 24-28 weeks' gestation if at-risk One per pregnancy Five per pregnancy Three per pregnancy for individuals who smoke Breast pump limited to one electric pump selected by VIVA HEALTH per pregnancy



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PREVENTIVE SERVICE	FREQUENCY/LIMITATIONS
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
OTHER PREVENTIVE SERVICES	
• Osteoporosis screening (All females age 65+ and at-risk of all ages)	As recommended per guidelines
• Screening mammography (Females)	As recommended by PCP
• BRCA risk assessment and genetic counseling/testing (At-risk females)	Per medical/family history
• Colorectal cancer screening	As recommended by PCP
○ Fecal occult blood testing, Fecal Immunochemical Test (FIT), sigmoidoscopy, or screening colonoscopy	One every three years
○ Fecal-DNA	One per year, as recommended per guidelines
• Lung cancer screening (Very heavy smokers age 50-80)	As recommended by PCP
• Abdominal aortic aneurysm screening (Males w/ smoking history)	One per year, as recommended per guidelines
• Tuberculosis screening (Asymptomatic, at-risk adults age 18+)	Four per year at physician's office
• Dental caries prevention (Infants and children from birth through age 5)	As recommended by CDC
• Routine immunizations⁴ (not travel related)	
Includes, but not limited to:	
○ Influenza (Age 6 months-adult)	Two per calendar year
○ HPV (Starting age 11-12 or catch-up ages 27-45)	Three doses per lifetime
○ Pneumococcal	As recommended by PCP
○ RSV	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+
○ COVID	As recommended by CDC
○ Zoster (Shingles)	As recommended by PCP
○ RZV/Shingrix (Shingles) (Age 50+)	Two doses per lifetime
• Diet/nutrition counseling	As recommended by PCP
• Obesity counseling (Clinically obese children: BMI ≥ 95 th percentile for age and sex; Clinically obese adults: BMI ≥ 30)	As recommended by PCP
• Tobacco use counseling and interventions	Two visits per year with PCP or specialist
• 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.)	HIV testing every three months; Other services as recommended per guidelines
PHARMACY BENEFITS - Consult CVS Caremark at 1-800-843-5670 for details, frequency, and limitations	
• Aspirin to prevent heart disease	• HIV pre-exposure preventive (PrEP) therapy
• Low-dose (81 mg) aspirin to prevent preeclampsia	• Oral fluoride supplements
• Folic acid supplements	• Tobacco cessation products
• Iron supplements	• Breast cancer preventive drugs
• Oral contraceptives, over the counter contraceptives, contraceptive patch, contraceptive vaginal ring	• Statins to prevent cardiovascular disease (CVD)

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 pregnant or actively breastfeeding. Prescription required. Call MedSouth Medical Supplies at 1-800-423-8677. Exceptions to limits may apply based on medical necessity. ⁴For a full list of covered immunizations, please visit www.vivahealth.com or call VIVA HEALTH Customer Service at 1-877-320-7504 and ask a representative to mail you a copy.