



Wellness Benefits

The Health Care Authority of the City of Anniston



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)	As recommended per guidelines¹
<ul style="list-style-type: none"> Routine screenings, tests, and immunizations 	As recommended per guidelines
Well Child Visits (Age 3-17)	One per year at PCP²
<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 and depression screening Skin cancer behavioral counseling 	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+; Must be part of your annual physical or OB/GYN visit for coverage at 100%)	One per year at PCP²
<ul style="list-style-type: none"> Alcohol misuse screening and counseling Anxiety and depression screening Blood pressure screening Cholesterol 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) 	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; Must be part of your annual physical or OB/GYN visit for coverage at 100%)	One per year at PCP² or OB/GYN
<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 and depression screening 	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) Up to 6 visits per pregnancy for the following services:	As recommended per guidelines (Prenatal and Postpartum Services)
<ul style="list-style-type: none"> Anemia screening Bacteriuria screening Chlamydia screening Anxiety and depression screening Perinatal depression counseling Gestational diabetes mellitus screening Gonorrhea screening Hepatitis B screening HIV screening Rh incompatibility screening Syphilis screening Breast feeding counseling Tobacco counseling Breast pump purchase and supplies³ 	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 Five per pregnancy Three per pregnancy for individuals who smoke Breast pump limited to one electric pump selected by VIVA HEALTH per pregnancy
Contraception (Females)	
<ul style="list-style-type: none"> Implant (Implanon) Injection (Depo-Provera shot) I.U.D. Diaphragm or cervical cap Sterilization Oral Contraceptives 	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 One procedure per lifetime Consult Proxys/MedOne for details, frequency, and limitations.



PREVENTIVE SERVICE

FREQUENCY/LIMITATIONS

Contraception (Females) *continued*

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| • Over the counter contraceptives (Females) | Consult Proxys/MedOne for details, frequency, and limitations. |
| • Contraceptive patch | Consult Proxys/MedOne for details, frequency, and limitations. |
| • Contraceptive vaginal ring | Consult Proxys/MedOne for details, frequency, and limitations. |

OTHER PREVENTIVE SERVICES

FREQUENCY/LIMITATIONS

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| • Osteoporosis screening (All females age 65+ and at-risk of all ages) | As recommended per guidelines |
| • Screening mammography (Females age 40+) | One per year |
| • BRCA risk assessment and genetic counseling/testing (At-risk Females) | Per medical/family history |
| • Lung cancer screening (Very heavy smokers age 50-80) | One per year, as recommended per guidelines |
| • Colorectal cancer screening (Age 45+) | |
| o Fecal occult blood testing and Fecal Immunochemical Test (FIT) | One per year |
| o Fecal-DNA | One every three years |
| o Sigmoidoscopy | One every five years |
| o Screening colonoscopy | One every 10 years |
| • Abdominal aortic aneurysm screening (Males age 65-75 w/ smoking history) | One per lifetime |
| • Tuberculosis screening (Asymptomatic, at-risk adults age 18+) | One per year, as recommended per guidelines |
| • Dental caries prevention (Infants and children from birth through age 5) | Four per year at physician's office |
| • Routine immunizations⁴ (not travel related)
Includes, but not limited to: | As recommended by CDC |
| o Influenza (Age 6 months-adult) | Two per calendar year |
| o HPV (Starting age 11-12 or catch-up ages 27-45) | Three doses per lifetime |
| o Pneumococcal | As recommended by PCP |
| o 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+ |
| o COVID | As recommended by CDC |
| o Zoster (Shingles) (Age 60+) | One per lifetime |
| o RZV/Shingrix (Shingles) (Age 50+) | Two doses per lifetime |
| • Diet/nutrition counseling | Three visits per year |
| • Obesity counseling (Clinically obese children: BMI ≥ 95 th percentile for age and sex; Clinically obese adults: BMI ≥ 30) | Six visits per lifetime |
| • 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 Proxys/MedOne for details, frequency, and limitations

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| • Aspirin to prevent heart disease | • Over the counter contraceptives |
| • 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 | • Statins to prevent cardiovascular disease (CVD) |
| • HIV pre-exposure preventive (PrEP) therapy | |

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. ⁴For 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.