



# 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
<b>Well Baby Visits</b> (Age 0-2) <ul style="list-style-type: none"><li>Routine screenings, tests, and immunizations</li></ul>	<b>As recommended per guidelines<sup>1</sup></b> As recommended per guidelines
<b>Well Child Visits</b> (Age 3-17) <ul style="list-style-type: none"><li>Routine screenings, tests, &amp; immunizations</li><li>HIV screening and counseling</li><li>Obesity screening</li><li>Hepatitis B virus screening</li><li>Sexually transmitted infection counseling</li><li>Anxiety and depression screening</li><li>Skin cancer behavioral counseling</li></ul>	<b>One per year at PCP<sup>2</sup></b> 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
<b>Routine Physical</b> (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"><li>Alcohol misuse screening and counseling</li><li>Anxiety and depression screening</li><li>Blood pressure screening</li><li>Cholesterol screening</li><li>Diabetes screening</li><li>Hepatitis B and C virus screening</li><li>HIV screening and counseling</li><li>Obesity screening</li><li>Sexually transmitted infection counseling</li><li>Syphilis screening</li><li>Skin cancer behavioral counseling (Up to age 24)</li></ul>	<b>One per year at PCP<sup>2</sup></b> 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
<b>Well Woman Visit</b> (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"><li>Pap smear/cervical cancer screening</li><li>Chlamydia screening</li><li>Contraception counseling</li><li>Domestic violence screening and counseling</li><li>Gonorrhea screening</li><li>HPV DNA testing</li><li>Anxiety and depression screening</li></ul>	<b>One per year at PCP<sup>2</sup> or OB/GYN</b> 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)
<b>Maternity Care</b> (Pregnant Individuals) Up to 6 visits per pregnancy for the following services: <ul style="list-style-type: none"><li>Anemia screening</li><li>Bacteriuria screening</li><li>Chlamydia screening</li><li>Anxiety and depression screening</li><li>Perinatal depression counseling</li><li>Gestational diabetes mellitus screening</li><li>Gonorrhea screening</li><li>Hepatitis B screening</li><li>HIV screening</li><li>Rh incompatibility screening</li><li>Syphilis screening</li><li>Breast feeding counseling</li><li>Tobacco counseling</li><li>Breast pump purchase and supplies<sup>3</sup></li></ul>	<b>As recommended per guidelines</b> (Prenatal and Postpartum Services) 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
<b>Contraception</b> (Females) <ul style="list-style-type: none"><li>Implant (Implanon)</li><li>Injection (Depo-Provera shot)</li><li>I.U.D.</li><li>Diaphragm or cervical cap</li><li>Sterilization</li><li>Oral Contraceptives</li></ul>	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

<b>Contraception (Females) continued</b>	
• 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

<b>Osteoporosis screening</b> (All females age 65+ and at-risk of all ages)	As recommended per guidelines
<b>Screening mammography</b> (Females age 40+)	One per year
<b>BRCA risk assessment and genetic counseling/testing</b> (At-risk Females)	Per medical/family history
<b>Lung cancer screening</b> (Very heavy smokers age 50-80)	One per year, as recommended per guidelines
<b>Colorectal cancer screening</b> (Age 45+)	
○ Fecal occult blood testing and Fecal Immunochemical Test (FIT)	One per year
○ Fecal-DNA	One every three years
○ Sigmoidoscopy	One every five years
○ Screening colonoscopy	One every 10 years
<b>Abdominal aortic aneurysm screening</b> (Males age 65-75 w/ smoking history)	One per lifetime
<b>Tuberculosis screening</b> (Asymptomatic, at-risk adults age 18+)	One per year, as recommended per guidelines
<b>Dental caries prevention</b> (Infants and children from birth through age 5)	Four per year at physician's office
<b>Routine immunizations<sup>4</sup> (not travel related)</b>	As recommended by CDC
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+ As recommended by CDC
○ COVID	One per lifetime
○ Zoster (Shingles) (Age 60+)	Two doses per lifetime
○ RZV/Shingrix (Shingles) (Age 50+)	Three visits per year
<b>Diet/nutrition counseling</b>	Six visits per lifetime
<b>Obesity counseling</b> (Clinically obese children: BMI $\geq$ 95 <sup>th</sup> percentile for age and sex; Clinically obese adults: BMI $\geq$ 30)	
<b>Tobacco use counseling and interventions</b>	
<b>HIV Preventive Services</b> (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.)	Two visits per year with PCP or specialist HIV testing every three months; Other services as recommended per guidelines

## PHARMACY BENEFITS - Consult Proxys/MedOne for details, frequency, and limitations

• 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	

<sup>1</sup>“As recommended per guidelines” means as recommended by your physician and in accordance with guidelines issued under the Affordable Care Act. <sup>2</sup>PCP means personal care provider or primary care physician and is generally an internist, family practitioner, general practitioner, pediatrician, and sometimes an obstetrician/gynecologist. <sup>3</sup>To 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. <sup>4</sup>For a full list of covered immunizations, please visit [www.vivahealth.com](http://www.vivahealth.com) or call VIVA HEALTH Customer Service at 1-800-294-7780 and ask a representative to mail you a copy.