



Wellness Benefits **UAB ST. VINCENT'S**

UAB St. Vincent's

This schedule outlines preventive services and items that VIVA HEALTH will pay at 100% for the non-grandfathered UAB St. Vincent's 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. 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
• Routine Screenings, tests, & immunizations	As recommended per guidelines
Well Child Visits (Age 3-17)	One per year at PCP³
• Routine screenings, tests, & immunizations	As recommended per guidelines
• HIV screening & Counseling	As recommended per guidelines
• Obesity Screening	As recommended per guidelines
• Hepatitis B virus screening	As recommended per guidelines
• Sexually transmitted infection counseling	Annually
• Anxiety and depression screening	Ages 8 and above; Up to three each per calendar year
• Skin cancer behavioral counseling	Ages 10 and above; As recommended per guidelines
Routine Physical² (Age 18+)	One per year at PCP³
• Alcohol misuse screening & counseling	Annually
• Anxiety and depression screening	Up to 3 each per calendar year (incl. screenings at physical & well woman visit)
• Blood pressure screening	Annually
• Cholesterol screening	As recommended per guidelines
• Diabetes screening	As recommended per guidelines
• Hepatitis B and C Virus Screening	As recommended per guidelines
• HIV screening & counseling	As recommended per guidelines
• Obesity screening	As recommended per guidelines
• Sexually transmitted infection counseling	Annually
• Syphilis screening	As recommended per guidelines
• Skin cancer behavioral counseling (Up to age 24)	As recommended per guidelines
Well Woman Visit² (Adolescents & Adults)	One per year at PCP or OB/GYN
• Pap smear/cervical cancer screening	Annually
• Chlamydia screening	As recommended per guidelines
• Contraception counseling	As recommended per guidelines
• Domestic violence screening & counseling	Annually
• Gonorrhea screening	As recommended per guidelines
• HPV DNA testing	Females 30+, every three years
• Anxiety and depression screening	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
• Anemia screening	As recommended per guidelines
• Bacteriuria screening	One at 12-16 weeks' gestation
• Chlamydia screening	One per pregnancy if at-risk
• Anxiety and depression screening	One each per pregnancy and after delivery
• Perinatal depression counseling	Two per year
• Gestational diabetes mellitus screening	First prenatal visit if high-risk; after 24 weeks of gestation for all others
• Gonorrhea screening	One per pregnancy if at-risk
• Hepatitis B screening	First Prenatal visit
• HIV screening	One per pregnancy
• Rh incompatibility screening	First prenatal visit; repeat testing at 24-28 weeks' gestation if at-risk
• Syphilis screening	One per pregnancy
• Breast feeding counseling	Five per pregnancy
• Tobacco counseling	Three per pregnancy for individuals who smoke
• Breast pump purchase and supplies ⁴	Breast pump limited to one electric pump selected by VIVA HEALTH per pregnancy
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



PREVENTIVE SERVICE

FREQUENCY/LIMITATIONS

Contraception (Females) Continued

- Oral Contraceptives⁵
 - Over the counter contraceptives (Females)⁵
 - Contraceptive Patch⁵
 - Contraceptive Vaginal Ring⁵
- Generics and select brands; Prescription required
Generic only; Prescription required; Quantity limits apply based on method
Three per month
One per month

OTHER PREVENTIVE SERVICES

FREQUENCY/LIMITATIONS

- **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, ages 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** (Males 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 immunizations⁶** (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 and adults: BMI \geq 95th percentile for age and sex or \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.)

PHARMACY BENEFITS⁵

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**
 - **Breast Cancer Preventive Drugs** (Females)⁷
 - **Statins to prevent cardiovascular disease (CVD)** (at-risk adults ages 40-75 with no history of CVD and one or more CVD risk factors)
 - **Tobacco cessation products⁸**
- 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
- Two, 12-week treatment courses total per Calendar Year.
Prescription required.
- Generic nicotine replacement products (including the patch, lozenge, gum, inhaler, or nasal spray), or
 - Nicotrol (inhaler or nasal spray), or
 - Generic Zyban, or
 - Varenicline tartrate (generic only when available)



Wellness Benefits **UAB ST. VINCENT'S** UAB St. Vincent's

VIVA HEALTH Low-to-Moderate Dose Generic Statins Covered at 100%

The list below contains low-to-moderate dose select 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

ROSVASTATIN 5 – 10MG

¹"As recommended per guidelines" means as recommended by your physician and in accordance with guidelines issued under the Affordable Care Act. ²Must be part of your annual physical or OB/GYN visit for coverage at 100%) ³PCP means personal care provider or primary care physician and is generally an internist, family practitioner, general practitioner, pediatrician, and sometimes an obstetrician/gynecologist. ⁴To 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. ⁵Must 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 to limits may apply based on medical necessity. ⁶ For 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. ⁷Must 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. ⁸Prior Authorization must be obtained in order to access additional courses of treatment covered at 100%.