



Wellness Benefits

VIVA UAB, VIVA Access, & VIVA Choice



This schedule outlines preventive services and items that VIVA HEALTH will pay at 100% for the non-grandfathered VIVA UAB, VIVA Access, and VIVA Choice 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, & immunizations 	As recommended per guidelines
Well Child Visits (Age 3-17)	One per year at PCP³
<ul style="list-style-type: none"> Routine screenings, tests, & immunizations HIV screening & Counseling Obesity Screening Hepatitis B virus screening Sexually transmitted infection counseling Skin cancer behavioral counseling (Beginning at age 10) 	As recommended per guidelines As recommended per guidelines As recommended per guidelines As recommended per guidelines Annually As recommended per guidelines
Routine Physical² (Age 18+)	One per year at PCP³
<ul style="list-style-type: none"> Alcohol misuse screening & counseling Blood pressure screening Cholesterol screening Depression screening Diabetes screening Hepatitis B and C Virus Screening HIV screening & counseling Obesity screening Sexually transmitted infection counseling Syphilis screening Skin cancer behavioral counseling (Up to age 24) 	Annually Annually As recommended per guidelines 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 Visit² (Adolescents & Adults)	One per year at PCP or OB/GYN
<ul style="list-style-type: none"> Pap smear/cervical cancer screening Chlamydia screening Contraception counseling Domestic violence screening & counseling Gonorrhea screening HPV DNA testing Depression Screening 	Annually As recommended per guidelines As recommended per guidelines Annually As recommended per guidelines Women 30+, every three years Annually
Maternity Care (Pregnant Women)	As recommended per guidelines
Prenatal and Postpartum Services (<i>Up to 6 visits per pregnancy for the following services</i>):	
<ul style="list-style-type: none"> Anemia screening Bacteriuria screening Chlamydia screening Depression Screening Gestational diabetes mellitus screening Gonorrhea screening Hepatitis B screening HIV screening Rh incompatibility screening 	As recommended per guidelines One at 12-16 weeks' gestation One per pregnancy for at-risk women One per pregnancy and postpartum First prenatal visit if high-risk; after 24 weeks of gestation for all women One per pregnancy for at-risk women First Prenatal visit One per pregnancy First prenatal visit for all women; repeated testing at 24-28 weeks' gestation if at-risk One per pregnancy
<ul style="list-style-type: none"> Syphilis screening Breast feeding counseling Tobacco counseling 	Two per pregnancy Three per pregnancy for women who smoke
Breast pump purchase ⁴	One electric pump selected by VIVA HEALTH every four years
Contraception (Females)	
<ul style="list-style-type: none"> Oral Contraceptives⁵ Implant (Implanon) Injection (Depo-Provera shot) I.U.D. 	Generics only; Prescription required As recommended per guidelines; Performed in physician's office One every three months As recommended per guidelines; Performed in physician's office



PREVENTIVE SERVICE

Contraception (Females), *continued*

- Diaphragm or cervical cap
- Over the counter contraceptives (Females)⁵
- Sterilization
- Contraceptive Patch
- Contraceptive Vaginal Ring

Osteoporosis screening (All women age 65+ and at-risk women of all ages)

Screening mammography (Women age 40+)

BRCA risk assessment and genetic counseling/testing (At-risk women)

Lung cancer screening (Very heavy smokers, ages 55-80)

Colorectal cancer screening (Age 50-75)

- 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 immunizations⁶ (Not travel related); Includes, but not limited to:

- Influenza (Age 6 months-adult)
- HPV (Starting age 11-12)
- Pneumococcal
- Zoster (Shingles) (Age 60+)
- RZV/Shingrix (Shingles) (Age 50+)

Diet counseling (Adults with high cholesterol or other risks for heart or diet-related chronic disease)

Obesity counseling (Clinically obese children and adults: BMI > 30)

Tobacco use counseling and interventions

FREQUENCY/LIMITATIONS

One per year
Generic only; Prescription required; Quantity limits apply based on method
One procedure per lifetime
Three per month
One per month
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
One per lifetime
Two doses per lifetime
Three visits per year

Six visits per lifetime
Two visits per year with PCP or specialist

PHARMACY BENEFITS⁵

Aspirin to prevent heart disease (Age 45+)
Folic acid supplements (Women 55 & younger)
Iron supplements (12 months & younger)
Oral contraceptives (Females)
Over the counter contraceptives (Females)
Oral fluoride supplements (6 years & younger)
Tobacco cessation products⁷

FREQUENCY/LIMITATIONS

Generic only
Generic only
For babies at risk for anemia
Generic only
Generic only
For children whose water source is fluoride deficient
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
- Nicotrol NS (nasal spray), or
- Generic Zyban, or
- Varenicline tartrate (Chantix)

Tamoxifen and raloxifene (generic only)
Low-to-moderate dose select generics only

Breast Cancer Preventive Drugs (Women)⁸

Statins to prevent cardiovascular disease (CVD) (at-risk adults ages 40-75 with no history of CVD and 1 or more CVD risk factors)

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, 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. ⁶For 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. ⁷Prior Authorization must be obtained in order to access additional courses of treatment covered at 100%. ⁸Must complete and return to VIVA HEALTH an exception form to be eligible to receive at \$0 copayment. Visit www.vivaprovider.com/Resources/Forms.aspx to download the form, or call Customer Service.



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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

ROSUVASTATIN 5 – 10MG

VIVA HEALTH complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-294-7780 (TTY: 711).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-294-7780 (TTY: 711).