

PREVENTIVE HEALTH CARE



Your guide to understanding what it is and what's covered

Why Do You Need Preventive Care?

Your health care plan covers specific preventive care services. Even when you're in the best shape of your life, a serious condition with no symptoms may put your health at risk. Using these services at the right time can help you stay healthier by:

- › Preventing certain illnesses and health conditions from happening
- › Detecting health problems at early stages, when they may be easier to treat

To make sure you get the care you need - without any unexpected costs - it's important for you to know:

- › What is preventive care
- › Preventive care services your plan covers

What's Preventive Care?

Preventive care services are provided when you don't have any symptoms and haven't been diagnosed with a health issue connected with the preventive service. They typically are provided during a wellness exam. You and your doctor will determine what tests and health screenings are right for you based on your:

- › Age
- › Gender
- › Personal health history
- › Current health

What's Not Preventive Care?

When your doctor determines that you have a health issue, the additional screenings and tests after this diagnosis are no longer considered preventive. These services are covered under your plan's medical benefits, not your preventive care benefits.

What's Your Share of the Cost?

Many plans cover preventive care services at 100% - no additional cost to you - when you go to a health care professional in your plan's network. Check your plan materials for details about your specific medical plan's coverage and the provider directory for a list of health care professionals and facilities in your plan's network.

Even when your appointment is for preventive care, you may receive other services during that exam that are not preventive. These other services are generally covered under your plan's medical benefits, not your preventive care benefits. This means you may be responsible for paying a portion or all of the cost, depending on your plan's deductible, copay, and coinsurance amounts.

The charts on the following pages list the services and supplies that are considered preventive care under your plan.



Questions?

Talk with your doctor or call Cigna at the toll-free number on the back of your ID card.




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Wellness exams






















| SERVICE | GROUP | AGE, FREQUENCY |
|---|---|--|
| Well-baby/well-child/well-person exams, including annual well-woman exam (includes height, weight, head circumference, BMI, blood pressure, history, anticipatory guidance, education regarding risk reduction, psychosocial/behavioral assessment) |    | <ul style="list-style-type: none"> • Birth, 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months • Additional visit at 2–4 days for infants discharged less than 48 hours after delivery • Ages 3 to 21, once a year • Ages 22 and older, periodic visits as doctor advises |

The following routine immunizations are currently designated preventive services

| SERVICE | SERVICE |
|--|--------------------------|
| Diphtheria, Tetanus Toxoids and Acellular Pertussis (DTaP, Tdap, Td) | Meningococcal (MCV) |
| Haemophilus influenzae type b conjugate (Hib) | Pneumococcal (pneumonia) |
| Hepatitis A (Hep A) | Poliovirus (IPV) |
| Hepatitis B (Hep B) | Rotavirus (RV) |
| Human papillomavirus (HPV) (age criteria apply depending on vaccine brand) | Varicella (chickenpox) |
| Influenza vaccine | Zoster (shingles) |
| Measles, mumps and rubella (MMR) | |

You may view the immunization schedules on the CDC website: [cdc.gov/vaccines/schedules/](https://www.cdc.gov/vaccines/schedules/).

Health screenings and interventions

| SERVICE | GROUP | AGE, FREQUENCY |
|--|---|---|
| Abnormal blood glucose and type 2 diabetes screening/counseling |   | Adults ages 40–70 who are overweight or obese |
| Alcohol misuse/substance abuse screening |    | All adults; adolescents age 11–21 |
| Aspirin to prevent cardiovascular disease and colorectal cancer; or to reduce risk for preeclampsia ¹ |   | Adults ages 50–59 with risk factors; Pregnant women at risk for preeclampsia |
| Autism screening |  | 18, 24 months |
| Bacteriuria screening |  | Pregnant women |
| Bilirubin screening (effective on or after 1/1/18 as plans renew) |  | Newborns before discharge from hospital |
| Breast cancer screening (mammogram) |  | Women ages 40 and older, every 1–2 years |
| Breast-feeding support/counseling, supplies ² |  | During pregnancy and after birth |
| Cervical cancer screening (Pap test) HPV DNA test with Pap test |  | Women ages 21–65, every 3 years Women ages 30–65, every 5 years |
| Chlamydia screening |  | Sexually active women ages 24 and under and older women at risk |
| Cholesterol/lipid disorders screening ¹ |    | <ul style="list-style-type: none"> • Screening of children and adolescents ages 9–11 years and 17–21 years; children and adolescents with risk factors ages 2–8 and 12–16 years • All adults ages 40–75 |
| Colon cancer screening ¹ |   | <p>The following tests will be covered for colorectal cancer screening, ages 50 and older:</p> <ul style="list-style-type: none"> • Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) annually • Flexible sigmoidoscopy every 5 years • Double-contrast barium enema (DCBE) every 5 years • Colonoscopy every 10 years • Computed tomographic colonography (CTC)/virtual colonoscopy every 5 years - Requires precertification • Stool-based deoxyribonucleic acid (DNA) test (i.e., Cologuard) every 3 years |
| Congenital hypothyroidism screening |  | Newborns |
| Critical congenital heart disease screening |  | Newborns before discharge from hospital |

 = Men  = Women  = Children/adolescents

Health screenings and interventions

| SERVICE | GROUP | AGE, FREQUENCY |
|---|-------|---|
| Contraception counseling/education. Contraceptive products and services ^{13,4} | ● | Women with reproductive capacity |
| Depression screening | ● ● ● | Ages 12–21, All adults, including pregnant and postpartum women |
| Developmental screening | ● | 9, 18, 30 months |
| Developmental surveillance | ● | Newborn, 1, 2, 4, 6, 12, 15, 24 months. At each visit ages 3 to 21 |
| Discussion about potential benefits/risk of breast cancer preventive medication ¹ | ● | Women at risk |
| Dental caries prevention Evaluate water source for sufficient fluoride; if deficient prescribe oral fluoride ¹ Application of fluoride varnish to primary teeth at time of eruption (in primary care setting) | ● | Children older than 6 months Children to age 6 years |
| Domestic and interpersonal violence screening | ● | All women (adolescent/adult) |
| Fall prevention in older adults (physical therapy, vitamin D supplementation ¹) | ● ● | Community-dwelling adults ages 65 and older with risk factors |
| Folic acid supplementation ¹ | ● | Women planning or capable of pregnancy |
| Genetic counseling/evaluation and BRCA1/BRCA2 testing | ● | Women at risk • Genetic counseling must be provided by an independent board-certified genetic specialist prior to BRCA1/BRCA2 genetic testing • BRCA1/BRCA2 testing requires precertification |
| Gestational diabetes screening | ● | Pregnant women |
| Gonorrhea screening | ● | Sexually active women age 24 years and younger and older women at risk |
| Hearing screening (not complete hearing examination) | ● | All newborns by 2 months. Ages 4, 5, 6, 8, 10. Adolescents once between ages 11–14, 15–17 and 18–21 (effective on or after 2/1/18 as plans renew) |
| Healthy diet and physical activity counseling | ● ● ● | Ages 6 and older - to promote improvement in weight status; Overweight or obese adults with risk factors for cardiovascular disease |
| Hemoglobin or hematocrit | ● | 12 months |
| Hepatitis B screening | ● ● ● | Pregnant women; adolescents and adults at risk |
| Hepatitis C screening | ● ● | Adults at risk; one-time screening for adults born between 1945 and 1965 |
| High blood pressure screening (outside clinical setting) ² | ● ● | Adults ages 18 and older without known high blood pressure |
| HIV screening and counseling | ● ● ● | Pregnant women; adolescents and adults 15 to 65 years; younger adolescents and older adults at risk; sexually active women (adolescent/adult), annually |
| Iron supplementation ¹ | ● | 6–12 months for children at risk |
| Lead screening | ● | 12, 24 months |
| Lung cancer screening (low-dose computed tomography) | ● ● | Adults ages 55 to 80 with 30 pack-year smoking history, and currently smoke, or have quit within the past 15 years. Computed tomography requires precertification. |
| Metabolic/hemoglobinopathies (according to state law) | ● | Newborns |
| Obesity screening/counseling | ● ● ● | Ages 6 and older, all adults |
| Oral health evaluation/assess for dental referral | ● | 6, 9 months. Ages 12 months, 18 months–6 years for children at risk |
| Osteoporosis screening | ● | Age 65 or older (or under age 65 for women with fracture risk as determined by Fracture Risk Assessment Score). Computed tomographic bone density study requires precertification |
| PKU screening | ● | Newborns |

● = Men ● = Women ● = Children/adolescents

Health screenings and interventions

| SERVICE | GROUP | AGE, FREQUENCY |
|---|-------|---|
| Ocular (eye) medication to prevent blindness | ● | Newborns |
| Prostate cancer screening (PSA) | ● | Men ages 50 and older or age 40 with risk factors |
| Rh incompatibility test | ● | Pregnant women |
| Sexually transmitted infections (STI) counseling | ● ● ● | Sexually active women, annually; sexually active adolescents; and men at increased risk |
| Sexually transmitted infections (STI) screening | ● | Adolescents ages 11–21 |
| Sickle cell disease screening | ● | Newborns |
| Skin cancer prevention counseling to minimize exposure to ultraviolet radiation | ● ● ● | Ages 10–24 |
| Syphilis screening | ● ● ● | Individuals at risk; pregnant women |
| Tobacco use cessation: counseling/interventions ¹ | ● ● | All adults ¹ ; pregnant women |
| Tobacco use prevention (counseling to prevent initiation) | ● | School-age children and adolescents |
| Tuberculosis screening | ● ● ● | Children, adolescents and adults at risk |
| Ultrasound aortic abdominal aneurysm screening | ● | Men ages 65–75 who have ever smoked |
| Vision screening (not complete eye examination) | ● | Ages 3, 4, 5, 6, 8, 10, 12, and 15 or as doctor advises |

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1. Subject to the terms of your plan's pharmacy coverage, certain drugs and products may be covered at 100%. Your doctor is required to give you a prescription, including for those that are available over-the-counter, for them to be covered under your Pharmacy benefit. Cost sharing may be applied for brand-name products where generic alternatives are available. Please refer to Cigna's "No Cost Preventive Medications by Drug Category" Guide for information on drugs and products with no out-of-pocket cost.
2. Subject to the terms of your plan's medical coverage, home blood pressure monitoring supplies, breast-feeding equipment rental and supplies may be covered at the preventive level. Your doctor is required to provide a prescription, and the equipment and supplies must be ordered through CareCentrix, Cigna's national durable medical equipment vendor. Precertification is required for some types of breast pump equipment. To obtain home blood pressure monitoring equipment, breast pump and breast pump supplies, contact CareCentrix at **844.457.9810**.
3. Examples include oral contraceptives; diaphragms; hormonal injections and contraceptive supplies (spermicide, female condoms); emergency contraception.
4. Subject to the terms of your plan's medical coverage, contraceptive products and services such as some types of IUD's, implants and sterilization procedures may be covered at the preventive level. Check your plan materials for details about your specific medical plan.

These preventive health services are based on recommendations from the U.S. Preventive Services Task Force (A and B recommendations), the Advisory Committee on Immunization Practices (ACIP) for immunizations, the American Academy of Pediatrics' Periodicity Schedule of the Bright Futures Recommendations for Pediatric Preventive Health Care, the Uniform Panel of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children and, with respect to women, evidence-informed preventive care and screening guidelines supported by the Health Resources and Services Administration. For additional information on immunizations, visit the immunization schedule section of www.cdc.gov. This document is a general guide. Always discuss your particular preventive care needs with your doctor.

Some plans choose to supplement the preventive care services listed above with a few additional services, such as other common laboratory panel tests. When delivered during a preventive care visit, these services also may be covered at the preventive level.

Exclusions

This document provides highlights of preventive care coverage generally. Some preventive services may not be covered under your plan. For example, immunizations for travel are generally not covered. Other non-covered services/supplies may include any service or device that is not medically necessary or services/supplies that are unproven (experimental or investigational). For the specific coverage terms of your plan, refer to the Evidence of Coverage, Summary Plan Description or Insurance Certificate.

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