

As your partner in health, we want to make sure you stay healthy and get the most out of your healthcare benefits. That's why we've designed these easy-to-use Preventive Care Benefits tables. *Preventive care* means screenings, check-ups, and counseling to prevent illness, disease, or other health problems.

For many plans, preventive benefits are covered at 100% with no deductible, copayment or coinsurance when you use an in-network provider as part of your primary care preventive visit. Other types of tests or screenings may require a copayment, coinsurance or deductible.\*

**So take these tables with you to your yearly wellness exam. Make sure you're getting all the no-cost preventive care you need.**

*\*Always check your plan documents for your exact coverage.*

**Note:** If you have a 'grandfathered' plan (individual and group plans with effective dates before January 1, 2014), please check your *Benefit Summary* to find your deductible, copayment and coinsurance amounts. Ask your benefits manager if you are not sure about your plan type.

See Medical Coverage Policy *BI062 Preventive Health Benefit* for specific details on exact tests covered. Go to [QualChoice.com](http://QualChoice.com), select *Medical Coverage Policies* and use the index or search tool.

If there is any conflict between these tables and your legal plan documents, the terms of the legal documents prevail.

## Recommended Adult Screenings, Vaccines & Counseling for Men and Women 18+

Procedure	Comments	18	25	30	35	40	45	50	55	60	65	70+
Obesity Screening	Recommended weight assessment at each preventive visit.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Blood Pressure	Recommended blood pressure assessment at each preventive visit.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tobacco/ Nicotine Use	Recommended that doctor ask about tobacco use at each visit. Routine screening and counseling by network primary care doctor to detect potential health risks associated with tobacco/nicotine use.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alcohol/ Illicit Drug Use	Routine screening and counseling, by network primary care doctor, to detect potential health risks associated with alcohol/illicit drug use.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nutrition, Physical Activity, Sun Exposure, Depression and Injury Prevention	Periodic screening and counseling by network primary care doctor to access health issues and promote healthy lifestyle behaviors covered as part of annual preventative primary care visit.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Glucose/Diabetes Screening	Once per calendar year for overweight or obese individuals age 40 to 70.					✓	✓	✓	✓	✓	✓	✓
Measles, Mumps, Rubella (MMR) Vaccine	Once for all with lack of immunity. Adults born before 1957 are generally considered to be immune to measles and mumps so may not require vaccination. Those born after 1957 may need a second dose. Between ages 18 to 49 years, one or two doses. Over age 50, one dose. Consult with your doctor.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hepatitis B Vaccine	Three doses for immunocompromised (at high risk) individuals who have not been previously vaccinated. Pre-authorization required.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pneumococcal Polysaccharide Vaccine (PPV)	Between ages 18 to 49 years, one or two doses. Over age 50, one dose. One or two doses for individuals at high risk for complications of infection. Discuss with your doctor.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Recommended Adult Screenings, Vaccines & Counseling for **Men and Women 18+** (cont'd.)

Procedure	Comments	18	25	30	35	40	45	50	55	60	65	70+
Tetanus-Diphtheria (Td/Tdap) Vaccine	Every 10 years for adults who completed the primary series and if the last vaccine was received 10 or more years ago, substitute for a single booster of Td.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Varicella (VZV) Vaccine	Two doses for those susceptible with lack of immunity. Susceptible: People 13 and older who have not received the vaccine and have not had chickenpox.	✓	Cover to age 26									
Hepatitis A Vaccine	Two doses for all persons at risk. Discuss with your doctor. Pre-authorization required for members over age 18.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Meningococcal Vaccine	One or more doses for individuals at high risk. Discuss with your doctor.	✓	Cover to age 25									
Human Papilloma Virus Vaccine	Three doses covered for females age 9-26 and males age 9-21. Males age 22-26 are covered if at high risk.	✓	See comments									
Colorectal Cancer Screening	Screen starting at age 50 until 75. Annually if using stool occult blood tests. Every 5 years if using flexible sigmoidoscopy. Every 10 years if using colonoscopy.							✓	✓	✓	✓	✓
Cardiovascular Disease/ Aspirin Use Counseling	Recommended for certain patients ages 45 and up to obtain counseling from a primary care doctor, or the use of aspirin in the prevention of cardiovascular disease. For those at high risk, discuss aspirin and low risk alternatives with your doctor.						✓	✓	✓	✓	✓	✓
Zoster Vaccine	Ages 60 and up – One dose.									✓	✓	✓
HIV Screening and Counseling	Screen in adolescents and adults who are at increased risk.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

## Recommended Adult Screenings for Men 18+

Procedure	Comments	18	25	30	35	40	45	50	55	60	65	70+
Prostate-Specific Antigen with Digital Rectal Exam	Coverage is required annually by state law starting at age 40. Many authorities recommend against routine screening. Talk with your doctor.					√	√	√	√	√	√	√
Abdominal Aortic Aneurysm Screening	Recommended screening for abdominal aortic aneurysm in men 65-75 years old who have ever smoked.										√	√
Total Cholesterol Test	Recommended for men 35 and up and men 20-34 if at an increased risk for coronary artery disease.				√	√	√	√	√	√	√	√

## Recommended Adult Screenings for Women 18+

Procedure	Comments	18	25	30	35	40	45	50	55	60	65	70+
Well Woman Exam	Recommended for all women, with sufficient visits each year to obtain all required preventive care services.	√	√	√	√	√	√	√	√	√	√	√
Breast Exam	One per calendar year.	√	√	√	√	√	√	√	√	√	√	√
Cervical Cancer Screening (Pap Smear)	The USPSTF recommends screening in women age 21 to 65 years with cytology (Pap smear) every three years, or for women age 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.	√	√	√	√	√	√	√	√	√	√	
Sexually Transmitted Infections Screening	Recommended for sexually active women up to the age of 25 or if pregnant.	√	√									
Domestic Violence Screening/ Counseling	Recommended routine screening and counseling by network primary care doctor covered as part of preventative primary care benefit.	√	√	√	√	√	√	√	√	√	√	√
FDA Approved Contraception Methods and Counseling	Recommended routine screening and counseling by network primary care doctor.	√	√	√	√	√	√	√	√	√	√	√
Mammography	Screening mammography recommended for all adult women of standard risk every one or two years beginning at age 40 or as directed by your doctor.					√	√	√	√	√	√	√
Osteoporosis Screening	Routine screening recommended for women age 65 and older.										√	√
Total Cholesterol Test	Recommended for women 45 and up and women 20-44 if at increased risk for coronary artery disease.						√	√	√	√	√	√

## Recommended Adult Screenings for **Women Who Are Pregnant or Considering Pregnancy**

Procedure	Comments	18	25	30	35	40	45	50	55	60	65	70+	
Breastfeeding and Post-Partum Counseling, Equipment and Supplies	Recommended as part of pre/post-natal counseling for pregnant women, with rental or purchase of certain breastfeeding equipment through approved vendors.	<b>Not age related</b>											
Rubella, Iron Deficiency Anemia, Urinary Tract Infection, Hepatitis B, Blood Type and RH(D) Incompatibility Screening	Recommended for pregnant women at first prenatal visit without prior screening, proof of immunization or immunity or at increased risk.	<b>Not age related</b>											
Gestational Diabetes Screening	Recommended for all pregnant women between 24–28 weeks and those at high risk during the first prenatal visit.	<b>Not age related</b>											
Folic Acid — Recommended Dosage is 0.4–0.8 mg daily	Recommended for adult women of childbearing age beginning at age 18 who are considering pregnancy.	<b>Not age related</b>											
HIV Screening	Recommended for all pregnant women.	<b>Not age related</b>											

## QualChoice Covered Children's Immunizations

Birth to 24 months:	
Diphtheria, Tetanus, Pertussis (DTaP)	Diphtheria, tetanus and pertussis (whooping cough)
Haemophilus influenza type b (Hib)	Infections of the blood, brain, joints or lungs (pneumonia)
Hepatitis A (Hep A)	Hepatitis A virus (inflammation of the liver)
Hepatitis B (Hep B)	Hepatitis B virus (chronic inflammation of the liver, lifelong complications)
Inactivated Polia (IPV)	Polio
Influenza (Flu Shot)	Flu and complications
Measles, Mumps, Rubella (MMR)	Measles, mumps and rubella (German measles)
Pneumococcal (PCV)	Infections of the blood, brain, joints, inner ears, or lungs (pneumonia)
Rotavirus (birth – 9 months)	Rotavirus (diarrhea and vomiting)
Varicella	Chickenpox
2 to 11 years:	
Diphtheria, Tetanus, Pertussis (DTap/TDap/TD) Booster	Diphtheria, tetanus and pertussis (whooping cough)
Hepatitis A (Hep A)	Hepatitis A virus (inflammation of the liver)
Hepatitis B (Hep B)	Hepatitis B virus (chronic inflammation of the liver, lifelong complications)
Human Papillomavirus (HPV)	Human papillomavirus (Females only beginning at age 9)
Inactivated Polia (IPV)	Polio
Influenza (Flu Shot)	Flu and complications
Measles, Mumps, Rubella (MMR)	Measles, mumps and rubella (German measles)
Meningococcal	Meningococcal disease, meningitis
Pneumococcal (PCV)	Infections of the blood, brain, joints, inner ears or lungs (pneumonia)
Varicella	Chickenpox
12 to 17 years:	
Diphtheria, Tetanus, Pertussis (DTap/TDap/TD) Booster	Diphtheria, tetanus and pertussis (whooping cough)
Hepatitis A (Hep A)	Hepatitis A virus (inflammation of the liver)
Hepatitis B (Hep B)	Hepatitis B virus (chronic inflammation of the liver, lifelong complications)
Human Papillomavirus (HPV)	Human papillomavirus (Females only beginning at age 9)
Influenza (Flu Shot)	Flu and complications
Measles, Mumps, Rubella (MMR)	Measles, mumps and rubella (German measles)
Meningococcal	Meningococcal disease, meningitis
Pneumococcal (PCV)	Infections of the blood, brain, joints, inner ears or lungs (pneumonia)
Varicella	Chickenpox
18 years and older:	
Diphtheria, Tetanus, Pertussis (DTap/TDap/TD) Booster	Diphtheria, tetanus and pertussis (whooping cough)
Hepatitis A (Hep A)	Hepatitis A virus (inflammation of the liver)
Hepatitis B (Hep B)	Hepatitis B virus (chronic inflammation of the liver, lifelong complications)
Human Papillomavirus (HPV)	Human papillomavirus (Females only beginning at age 9)
Influenza (Flu Shot)	Flu and complications
Measles, Mumps, Rubella (MMR)	Measles, mumps and rubella (German measles)
Meningococcal	Meningococcal disease, meningitis
Pneumococcal (PCV)	Infections of the blood, brain, joints, inner ears or lungs (pneumonia)
Varicella	Chickenpox