

Preventive Care



Many of our plans cover preventive care 100 percent—that means no copay, coinsurance, or deductible.

For services to be covered as preventive, your doctor must bill claims with preventive codes. If a preventive service identifies a condition that needs further testing or treatment, regular copays, coinsurance, or deductibles may apply. Unless otherwise indicated, these services are generally covered once every 12 months. Additional limitations may apply.

NEED MORE INFORMATION?



WEB

selecthealth.org/stayhealthy



PHONE

800-538-5038

This information is subject to change at any time and additional limitations may apply. To verify if your service or supply is considered preventive, call Member Services at **800-538-5038**.

Preventive Care Services

<p>Adult Preventive Services (Ages 18 and older)</p> <p>Laboratory Tests</p> <ul style="list-style-type: none"> > Complete Blood Count (CBC) > Prostate Cancer Screening (PSA) > Diabetes Screening > Cholesterol Screening > Gonorrhea Screening > Human Papillomavirus (HPV) Testing (once every 3 years in women ages 30 and older) > Chlamydia Screening > Human Immunodeficiency Virus (HIV) Screening > Syphilis Screening > Tuberculosis (TB) Testing > Lead Screening > BRCA 1 & 2 Testing (covered once per lifetime for high-risk individuals who meet criteria) 	<ul style="list-style-type: none"> > Hepatitis C Screenings (covered for ages 48 and older or high-risk individuals who meet criteria) > Hepatitis B Virus Screening (covered for high-risk individuals who meet criteria) <p>Procedures</p> <ul style="list-style-type: none"> > Pap Test > Lung Cancer Screening (between ages 55 and 80) > Screening Mammogram > Colon Cancer Screening > Abdominal Aortic Aneurysm Screening (males only, once between ages 65 and 75) > Bone Density/DEXA (once every two years in women ages 60 and older) > Permanent Sterilization Procedures (such as tubal ligations/vasectomies) > Examinations/Counseling > Physical Exam 	<ul style="list-style-type: none"> > Tobacco Use Counseling > Alcohol Misuse Screening and Counseling > Hearing Screening (ages 65 and older) > Glaucoma Screening > Sexually Transmitted Infections Counseling > Dietary Counseling (only for certain diet-related chronic diseases) > Counseling for Intimate Partner Violence <p>Immunizations</p> <ul style="list-style-type: none"> > Influenza > Tetanus or Tetanus, Diphtheria, and Pertussis (Td, Tdap) > Pneumococcal > Hepatitis A > Meningitis > Zoster (ages 60 and over) > HPV (ages 9 to 26) 	<p>Contraception <i>Most contraceptives are covered as a preventive service under your pharmacy benefits.</i></p> <ul style="list-style-type: none"> • Cervical Cap with Spermicide • Diaphragm with Spermicide • Emergency Contraception (Ella, Plan B) • Female Condom • Implantable Rod • IUDs • Generic Oral Contraceptives (Combined Pill, Progestin Only, or Extended/Continuous Use) • Patch • Shot/Injection (Depo Provera) • Spermicide • Sponge with Spermicide • Surgical Sterilization for Men (Vasectomy) • Surgical Sterilization for Women (Tubal Ligation) • Surgical Sterilization Implant for Women • Vaginal Contraceptive Ring
--	--	---	--

<p>Pediatric Preventive Services (Younger than age 18)</p> <p>Procedures/Counseling</p> <ul style="list-style-type: none"> > Well-child Visit (preventive when billed on the following schedule: birth; 2 to 4 days; 2 to 4 weeks; 2, 4, 6, 9, 12, 15, and 18 months; ages 2, 2 1/2; once a year from ages 3 to 18) > Primary Care Tobacco Use Intervention > Eye Exam > Developmental Testing 	<ul style="list-style-type: none"> > Newborn Hearing Screening (younger than age 1) > Hearing Screening (ages 10 and younger) > Fluoride Varnish (ages 5 and younger) <p>Laboratory Tests</p> <ul style="list-style-type: none"> > Newborn Metabolic Screening (younger than age 1) > Human Immunodeficiency Virus (HIV) Screening > PKU Screening (younger than age 1) 	<ul style="list-style-type: none"> > Thyroid (younger than age 1) > Sickle Cell Disease Screening (younger than age 1) <p>Immunizations <i>(As recommended by the CDC/ACIP)</i></p> <ul style="list-style-type: none"> > Measles, Mumps, Rubella (MMR) > Diphtheria, Tetanus, Pertussis (Dtap, DT, DTP) > Haemophilus Influenzae Type B (Hib, DtaP-Hib-IPV, DTP-Hib, Dtap-Hib) > Hepatitis B (HepB) 	<ul style="list-style-type: none"> > Polio (OPV, IPV, DtaP-Hep-LPV) > Influenza > Pneumococcal > Hepatitis A > Hepatitis B > Meningitis > Varicella (including MMVR) > Rotavirus > HPV (ages 9 to 26)
--	--	--	---

<p>Obstetrical Preventive Services</p> <p><i>These are specific to pregnant women. To determine which additional non-obstetrical services may be considered preventive, please refer to the Adult or Pediatric Preventive Services lists.</i></p>	<p>Laboratory Tests</p> <ul style="list-style-type: none"> > Iron Deficiency Anemia Screening > Diabetes Screening > Urine Study to Detect Asymptomatic Bacteriuria (first prenatal visit or at 12 to 16 weeks gestation) 	<ul style="list-style-type: none"> > Rubella Screening > Rh(D) Incompatibility Screening > Hepatitis B Infection Screening (at first prenatal visit) > Gonorrhea Screening > Chlamydia Screening 	<ul style="list-style-type: none"> > Syphilis Screening > Breast-feeding Supplies and Support > Breast Pump, Electronic AC or DC (one per birth) > Lactation Class (one per birth at a SelectHealth-approved facility)
--	--	--	--

This information is subject to change at any time and additional limitations may apply. To verify if your service or supply is considered preventive, call Member Services at **800-538-5038**.

