Wellness Benefits

VIVA HEALTH
A Member of the UAB Health System

This schedule outlines preventive services and items that VIVA HEALTH will pay at 100% for its non-grandfathered "Wellness" 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
Well Baby Visits (Age 0-2)	**As recommended per guidelines**[1]
Routine screenings, tests, and immunizations	As recommended per guidelines
Well Child Visits (Age 3-17) *(Must be part of the annual well child visit for coverage at 100%)*	**One per year at PCP**[2]
Routine screenings, tests, & immunizations	As recommended per guidelines
HIV screening and counseling	As recommended per guidelines
Obesity screening	As recommended per guidelines
Hepatitis B virus screening	As recommended per guidelines
Sexually transmitted infection counseling	Annually
Skin cancer behavioral counseling (Beginning at age 10)	As recommended per guidelines
Routine Physical (Age 18+) *(Must be part of your annual physical or OB/GYN visit for coverage at 100%)*	**One per year at PCP**
Alcohol misuse screening and counseling	Annually
Blood pressure screening	Annually
Cholesterol screening	As recommended per guidelines
Depression screening	Annually
Diabetes screening	As recommended per guidelines
Hepatitis B and C virus screening	As recommended per guidelines
HIV screening and 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 Visit (Adolescents & Adults) *(Must be part of your annual physical or OB/GYN visit for coverage at 100%)*	**One per year at PCP or OB/GYN**
Pap smear/cervical cancer screening	Annually
Chlamydia screening	As recommended per guidelines
Contraception counseling	Annually
Domestic violence screening and counseling	Annually
Gonorrhea screening	As recommended per guidelines
HPV DNA testing	Women 30+, every three years
Depression Screening	Annually
Maternity Care (Pregnant Women)	**As recommended per guidelines**
Prenatal and Postpartum Services *(Up to 6 visits per pregnancy for the following services)*:	
• Anemia screening	As recommended per guidelines
• Bacteriuria screening	One at 12-16 weeks' gestation
• Chlamydia screening	One per pregnancy for at-risk women
• Depression screening	One per pregnancy and one postpartum
• Gestational diabetes mellitus screening	First prenatal visit if high-risk; after 24 weeks of gestation for all women
• Gonorrhea screening	One per pregnancy for at-risk women
• Hepatitis B screening	First prenatal visit
• HIV screening	One per pregnancy
• Rh incompatibility screening	First prenatal visit for all women; repeated testing at 24-28 weeks' gestation if at-risk
• Syphilis screening	One per pregnancy
Breast feeding counseling	Two per pregnancy
Breast pump purchase[3]	One electric pump selected by VIVA HEALTH every 4 years
Tobacco counseling	Three per pregnancy for women who smoke

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PREVENTIVE SERVICE	FREQUENCY
Contraception (Females)	
• Oral contraceptives[4,5]	Select generics only; Prescription required
• Implant (Implanon)	One every three years; Performed in physician's office
• Injection (Depo-Provera shot)	One every three months
• I.U.D.	One every three years; Performed in physician's office
• Diaphragm or cervical cap	One per year
• Over the counter contraceptives (Females)[5]	Generic only; Prescription required; Quantity limits apply based on method
• Sterilization	One procedure per lifetime
• Contraceptive patch	Three per month
• Contraceptive vaginal ring	One per month
Osteoporosis screening (All women age 65+ and at-risk women of all ages)	As recommended per guidelines
Screening mammography (Women age 40+)	One per year
BRCA risk assessment and genetic counseling/testing (At-risk women)	Per medical/family history
Colorectal cancer screening (Age 50-75)	
• Fecal occult blood testing or	One per year
• Sigmoidoscopy or	One every five years
• Screening colonoscopy	One every 10 years
Abdominal aortic aneurysm screening (Men age 65-75 w/ smoking history)	One per lifetime
Lung cancer screening (Very heavy smokers age 55-80)	One per year, as recommended per guidelines
Dental caries prevention (Infants and children from birth through age 5)	Four per year at physician's office
Routine immunizations (Not travel related); Includes, but not limited to:	As recommended by CDC
• Influenza (Age 6 months-adult)	One per year
• HPV (Starting age 11-12)	3 doses per lifetime
• Pneumococcal	As recommended by PCP
• Zoster (Shingles) (Age 60+)	One per lifetime

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.

Diet counseling (Adults with high cholesterol or other risks for heart or diet-related chronic disease)	Three visits per year with PCP
Obesity counseling (Clinically obese children and adults: BMI > 30)	Six visits per lifetime with PCP
Tobacco use counseling and interventions	Two visits per year with PCP or specialist

PHARMACY BENEFITS[4]	FREQUENCY
Aspirin to prevent heart disease (Men ages 45-79; Women ages 55-79)	Generic only
Low-dose (81 mg) aspirin to prevent preeclampsia (High-risk pregnant women after 12 weeks of gestation)	Generic only
Folic acid supplements (Women 55 & younger)	Generic only
Iron supplements (12 months & younger)	For babies at risk for anemia
Oral contraceptives (Females)	Select generics only
Over the counter contraceptives (Females)[5]	Generic only
Oral fluoride supplements (6 years & younger)	For children whose water source is fluoride deficient
Vitamin D (At-risk 65+)	Generic only; for those at increased risk for falls
Tobacco cessation products[6]	Up to 12 weeks without Prior Authorization for generic Zyban, generic nicotine patch, gum and lozenge, and nicotine inhaler or nasal spray; up to 24 weeks without Prior Authorization for varenicline tartrate (Chantix)
Breast cancer preventive drugs (Women)[7]	Tamoxifen and raloxifene (generic only)

[1]"As recommended per guidelines" means as recommended by your physician and in accordance with guidelines issued under the Affordable Care Act. [2]PCP means personal care provider or primary care physician and is generally an internist, family practitioner, general practitioner, pediatrician, and sometimes an obstetrician/gynecologist. [3]To 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. Exceptions to limits may apply based on medical necessity. [4]Must have prescription coverage through VIVA HEALTH to access this benefit. Prescription required for coverage, even for over-the-counter products. Quantity limits may apply. [5]Exceptions may apply based on medical necessity. [6]Prior Authorization must be obtained in order to access additional courses of treatment covered at 100%. [7]Must complete and return to VIVA HEALTH an exception form to be eligible to receive at $0 copayment. Go to www.vivaprovider.com/Resources/Forms.aspx to download the form, or call Customer Service.

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VIVA HEALTH Oral Contraceptive Drugs Covered at 100%

The list below contains oral contraceptives that VIVA HEALTH will pay at 100% for its non-grandfathered "Wellness" plans. Coverage is still available for other oral contraceptive drugs on VIVA HEALTH's formulary that are not included on this list but with the applicable copayment or coinsurance unless you qualify for an exception based on medical necessity.

Category 1: Oral Contraceptive - Combined Pill

ALTAVERA	KURVELO	MYZILRA
CAZIANT	LARIN	PORTIA
CESIA	LARIN FE (excluding 24 FE)	PREVIFEM
CHATEAL	LEVONEST	SPRINTEC
CRYSELLE	LEVORA-28	TRI-ESTARYLL
ELINEST	LOW-OGESTREL	TRI-LINYAH
ENPRESSE	MARLISSA	TRINESSA
GILDESS	MICROGESTIN	TRI-PREVIFEM
GILDESS FE (excluding 24 FE)	MICROGESTIN FE	TRI-SPRINTEC
JUNEL	MONO-LINYAH	TRIVORA-28
JUNEL FE (excluding 24 FE)	MONONESSA	VELIVET

Category 2: Oral Contraceptive- Progestin Only

CAMILA	HEATHER	NORETHINDRONE
DEBLITANE	JOLIVETTE	SHAROBEL
ERRIN	NORA-BE	

Category 3: Oral Contraceptive- Extended Cycle

INTROVALE
QUASENSE
JOLESSA
LEVONORGESTREL-ETH ESTRADIOL (91-DAY) TAB 0.15-0.03 MG

Nondiscrimination Notice:
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.

Language Assistance Services:
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).