



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/LIMITATIONS
Well Baby Visits (Age 0-2) <ul style="list-style-type: none"> Routine screenings, tests, and immunizations 	As recommended per guidelines¹ As recommended per guidelines
Well Child Visits (Age 3-17) (Must be part of the annual well child visit for coverage at 100%) <ul style="list-style-type: none"> Routine screenings, tests, & immunizations HIV screening and counseling Obesity screening Hepatitis B virus screening Sexually transmitted infection counseling Skin cancer behavioral counseling (Beginning at age 10) 	One per year at PCP² As recommended per guidelines As recommended per guidelines As recommended per guidelines As recommended per guidelines Annually As recommended per guidelines
Routine Physical (Age 18+) (Must be part of your annual physical or OB/GYN visit for coverage at 100%) <ul style="list-style-type: none"> Alcohol misuse screening and counseling Blood pressure screening Cholesterol screening Depression screening Diabetes screening Hepatitis B and C virus screening HIV screening and counseling Obesity screening Sexually transmitted infection counseling Syphilis screening Skin cancer behavioral counseling (Up to age 24) 	One per year at PCP² 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 Visit (Adolescents & Adults) (Must be part of your annual physical or OB/GYN visit for coverage at 100%) <ul style="list-style-type: none"> Pap smear/cervical cancer screening Chlamydia screening Contraception counseling Domestic violence screening and counseling Gonorrhea screening HPV DNA testing Depression Screening 	One per year at PCP² or OB/GYN Annually As recommended per guidelines As recommended per guidelines Annually As recommended per guidelines Women 30+, every three years Annually
Maternity Care (Pregnant Women) Prenatal and Postpartum Services (Up to 6 visits per pregnancy for the following services): <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 Syphilis screening Breast feeding counseling Tobacco counseling Breast pump purchase³ 	As recommended per guidelines As recommended per guidelines One at 12-16 weeks' gestation One per pregnancy for at-risk women One per pregnancy and one 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 Two per pregnancy Three per pregnancy for women who smoke One electric pump selected by VIVA HEALTH every 4 years



PREVENTIVE SERVICE

Contraception (Females)

- Oral contraceptives^{4,5}
- Implant (Implanon)
- Injection (Depo-Provera shot)
- I.U.D.
- 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 age 55-80)

Colorectal cancer screening (Age 50-75)

- Fecal occult blood testing or
- Sigmoidoscopy or
- 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 immunizations⁴ (Not travel related); Includes, but not limited to:

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

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

PHARMACY BENEFITS⁵

Aspirin to prevent heart disease (Men ages 45-79; Women ages 55-79)

Low-dose (81 mg) aspirin to prevent preeclampsia (High-risk pregnant women after 12 weeks of gestation)

Folic acid supplements (Women 55 & younger)

Iron supplements (12 months & younger)

Oral contraceptives (Females)

Over the counter contraceptives (Females)⁶

Oral fluoride supplements (6 years & younger)

Vitamin D (At-risk 65+)

Tobacco cessation products⁷

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)

FREQUENCY/LIMITATIONS

Select generics only; Prescription required

One every three years; Performed in physician's office

One every three months

One every three years; Performed in physician's office

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 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

One per year

3 doses per lifetime

As recommended by PCP

One per lifetime

Three visits per year with PCP

Six visits per lifetime with PCP

Two visits per year with PCP or specialist

FREQUENCY/LIMITATIONS

Generic only

Generic only

Generic only

For babies at risk for anemia

Select generics only

Generic only

For children whose water source is fluoride deficient

Generic only; for those at increased risk for falls

Up to 12 weeks without Prior Authorization per calendar

year for generic Zyban, generic nicotine patch, gum and

lozenge, and nicotine inhaler or nasal spray; up to 24 weeks

without Prior Authorization per calendar year for

varenicline tartrate (Chantix)

Tamoxifen and raloxifene (generic only)

Low-to-moderate dose select generics only

¹"As recommended per guidelines" means as recommended by your physician and in accordance with guidelines issued under the Affordable Care Act. ²PCP means personal care provider or primary care physician and is generally an internist, family practitioner, general practitioner, pediatrician, and sometimes an obstetrician/gynecologist. ³To 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. ⁴For 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. 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. ⁶Exceptions may apply based on medical necessity 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.



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 with prescription drug coverage through VIVA HEALTH. 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
CAZIAN	LARIN	PORTIA
CESIA	LARIN FE (excluding 24 FE)	PREVIFEM
CHATEAL	LEVONEST	SPRINTEC
CRYSSELLE	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

VIVA HEALTH Low-to-Moderate Dose Generic Statins Covered at 100%

The list below contains low-to-moderate dose 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	LOVASTATIN 10 – 40 MG	SIMVASTATIN 5 – 40MG
FLUVASTATIN IR AND XL 20 – 80MG	PRAVASTATIN 10 – 80 MG	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).