Routine exams, immunizations and screenings for members age 18 and older

Being your healthy best is a little easier when you focus on prevention. That's why we encourage members to follow these preventive care guidelines. They are recommended by the U.S. Preventive Services Task Force and are consistent with the Affordable Care Act. These screenings and services are covered at no cost when performed by an in-network provider. If no plan limit is specified, we cover your preventive care during primary doctor visits.

	Gender	Age	Plan limit
Preventive exams			
Routine physical exams and checkups	Both	18+	One per year
Health screenings and counseling	1	1	
Abdominal aortic aneurysm	Male	65 – 75	Once during lifetime
Aspirin to prevent colorectal cancer and cardiovascular disease	Both	40 – 75	NA
Behavioral counseling to prevent sexually transmitted infections	Both	All	NA
Chlamydia infection	Female	All	NA
Contraceptive counseling	Both	All	NA
Depression screening	Both	All	NA
Falls prevention (counseling and exercise)	Both	65+	NA
Folic acid screening and supplementation	Both	All	NA
Gonorrhea infection	Female	All	NA
Hepatitis C screening	Both	18 – 79	Once
HIV, PrEP for persons at high risk	Both	All	NA
HIV screening and counseling	Both	All	NA
Hypertension	Both	All	NA
Lipid disorders (dyslipidemia) screening	Both	20+	Once per year
Lung cancer screening for smokers	Both	55 - 80	NA
Obesity screening and counseling	Both	All	NA
Osteoporosis in postmenopausal women	Female	60+	Once every two years
Prevent tobacco use and tobacco-caused diseases	Both	All	NA
Primary care to promote a healthy diet	Both	All	NA
Screening and behavioral counseling interventions in primary care to reduce unhealthy alcohol use	Both	All	NA
Skin cancer prevention counseling	Both	<24	NA
Statins to prevent cardiovascular disease	Both	50 - 75	NA
Syphilis infection	Both	All	NA
Tuberculosis screening in persons at increased risk	Both	All	NA
Type 2 diabetes melitus	Both	18+	NA



> Preventive services for adults

	Gender	Age	Plan limit
Immunizations			
Hepatitis A	Both	All	NA
Hepatitis B	Both	18+	NA
Human papillomavirus (HPV)	Both	18-45	NA
nfluenza	Both	18+	NA
Aeasles, mumps and rubella (MMR)	Both	18+	NA
Meningococcal	Both	18+	NA
Pneumococcal	Both	18+	NA
d/Tdap (tetanus/diphtheria/pertussis)	Both	18+	NA
/aricella (chickenpox)	Both	18+	NA
Zoster (shingles)	Both	18+	NA
Cancer screenings			
Breast cancer	Female	40+	Once a year
Cervical cancer via pap smear, or pap smear with HPV testing	Female	All	Once a year
Colorectal cancer (colonoscopy)	Both	45+	Once every 10 years
Colorectal cancer (fecal DNA)	Both	45+	Once every 3 years
Colorectal cancer (fecal occult)	Both	45+	Once a year
Colorectal cancer (sigmoidoscopy)	Both	45+	Once every five years
Counseling for chemoprevention of breast cancer	Both	All	NA
Counseling for genetic risk assessment and BRCA for breast and ovarian cancer susceptibility	Female	All	NA
Nomen's preventive care			
Asymptomatic bacteriuria screening	Female	All	Once per pregnancy
Breast cancer, medications for risk reduction	Female	35+	When at risk
Breastfeeding support, supplies and counseling are covered at a \$0 copay with no deductible.	Female	All	NA
Counseling and screening for HIV is covered at no cost during an annual well-woman visit for sexually active women.	Female	All	NA
Counseling and screening for interpersonal and domestic violence s covered at no cost during annual well-woman visits.	Female	All	NA
Counseling for sexually transmitted infections is covered at no cost luring an annual well-woman visit for sexually active women.	Female	All	NA
DA-approved generic contraceptives (i.e., oral, injectables or transdermal) are covered at a \$0 copay under your pharmacy or medical benefits.	Female	All	NA
Hepatitis B virus +	Female	All	Once per pregnancy, when at ris
Human papillomavirus (HPV) screening is covered at no cost with no age limit.	Female	All	NA

	Gender	Age	Plan limit
Women's preventive care (continued)			
Iron deficiency anemia	Female	All	None
Iron deficiency anemia – including iron supplementation for pregnant women	Female	All	NA
Lactation support and counseling are covered at no cost per pregnancy from a licensed provider (in a hospital or office).	Female	All	NA
Other contraceptives such as barrier devices (i.e., diaphragm, IUD or cervical cap) will be covered at a \$0 copay because no generics are available. Covered under your pharmacy or medical plan.	Female	All	NA
Plan B (morning after pill) is covered at a \$0 copay when prescribed by a doctor. If you need this medication quickly, a retail pharmacist may call the doctor to obtain the prescription for you.	Female	All	NA
Preeclampsia screening and prevention (aspirin)	Female	All	NA
Primary care counseling to promote breastfeeding	Female	All	NA
Rh (D) incompatibility	Female	All	NA
Screening for gestational diabetes is covered at no cost for pregnant women after 24 weeks of gestation, and during the first prenatal visit for pregnant women at high risk for diabetes.	Female	All	NA
Tobacco use counseling	Female	All	NA
Tubal ligation, also known as sterilization, is covered at no cost. Associated charges such as anesthesia, labs and so on are also covered at no cost. Any applicable exclusion periods continue to apply. Complications of the surgery are subject to standard medical benefits.	Female	All	NA
Two female condoms, the FC Condom and Reality Condom, will be covered as over-the-counter (OTC) contraceptive methods under your pharmacy benefit at a \$0 copay when prescribed by a physician.	Female	All	NA
Well-woman visits. Please refer to the Preventive exams section on page 1.	Female	All	Once per year

This list is based on the recommendation of the U.S. Preventive Services Task Force and may change in order to be compliant with the Affordable Care Act. This list is in force for nongrandfathered plans. Some services listed here are covered based on how the provider bills the claim submitted to Moda Health. This list is a summary only. For a complete description of your benefits, please refer to your policy or your Member Handbook.