



Wellness Benefits

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. “As recommended per guidelines” means as recommended under the federal health reform law.

PREVENTIVE SERVICE

FREQUENCY

Well Baby Visits (Age 0-2)

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%)

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%)

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 PCP

Annually

Annually

As recommended per guidelines

Annually

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%)

Pap smear/cervical cancer screening

Chlamydia screening

Contraception counseling

Domestic violence screening and counseling

Gonorrhea screening

HPV DNA testing

One per year at PCP or OB/GYN

Annually

As recommended per guidelines

Annually

Annually

As recommended per guidelines

Women 30+, every three years

Maternity Care (Pregnant Women)

Prenatal Services (Up to 6 visits per pregnancy depending on diagnosis for the following services):

- Anemia screening
- Bacteriuria screening
- Chlamydia screening
- Gestational diabetes mellitus screening
- Gonorrhea screening
- Hepatitis B screening
- HIV screening
- Rh incompatibility screening

As recommended per guidelines

As recommended per guidelines

One at 12-16 weeks' gestation

One per pregnancy for at-risk women

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

One electric pump selected by VIVA HEALTH every 4 years

Three per pregnancy for women who smoke

Breast feeding counseling

Breast pump purchase³

Tobacco counseling



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)

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)

Lung cancer screening (Very heavy smokers age 55-80)

Dental caries prevention (Infants and children from birth through age 5)

Routine immunizations (Not travel related); Includes, but not limited to:

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

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)

Obesity counseling (Clinically obese children and adults: BMI > 30)

Tobacco counseling

FREQUENCY

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
 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

One visit per year with PCP or specialist

PHARMACY BENEFITS⁴

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)⁵

Oral fluoride supplements (6 years & younger)

Vitamin D (At-risk 65+)

Tobacco cessation products⁶

Breast cancer preventive drugs (Women)⁷

FREQUENCY

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 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)

Tamoxifen and raloxifene (generic only)

¹As 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 may apply to purchase limits based on medical necessity. ⁴Must have prescription coverage through VIVA HEALTH to access this benefit. Prescription required for coverage, even for over-the-counter products. Quantity limits may apply.

⁵Exceptions may apply based on medical necessity. ⁶Prior Authorization must be obtained in order to access additional courses of treatment covered at 100%. ⁷Must 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.



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
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