

# Preventive Care

Many SelectHealth® plans cover preventive care at 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, your regular copays, coinsurance, or deductibles may apply. Unless otherwise indicated, these services are generally covered every 12 months. 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**.

## ADULT PREVENTIVE SERVICES

*(Ages 18 and older)*

### LABORATORY TESTS

- 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)
- Hepatitis B Virus (HBV) Screening (covered for high-risk individuals who meet criteria)
- Hepatitis C Virus (HCV) Screening (ages 48 and older or high-risk individuals who meet criteria)

### PROCEDURES

- Pap Test
- Lung Cancer Screening (between ages 55 to 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 and vasectomies)

### IMMUNIZATIONS

- Influenza
- Tetanus (Td,) or Tetanus, Diphtheria, and Pertussis (Tdap)
- Pneumococcal
- Hepatitis A
- Meningitis
- Zoster (ages 50 and older)
- Human Papillomavirus (HPV) (ages 9 to 26)

## EXAMINATIONS/COUNSELING

- Physical Exam
- 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)

## CONTRACEPTION

*(Most contraceptives are covered as a preventive service under your pharmacy benefits.)*

- 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 Women (Tubal Ligation)
- Surgical Sterilization Implant for Women
- Vaginal Contraceptive Ring



## PEDIATRIC PREVENTIVE SERVICES

*(Younger than age 18)*

### EXAMINATIONS/COUNSELING

- 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
- Newborn Hearing Screening (younger than age 1)
- Hearing Screening (ages 10 and younger)
- Application of Fluoride Varnish (younger than age 5)

### LABORATORY TESTS

- Newborn Metabolic Screening (younger than age 1)
- Human Immunodeficiency Virus (HIV) Screening
- PKU Screening (younger than age 1)
- Thyroid TSH (younger than age 1)
- Sickle Cell Disease Screening (younger than age 1)

### IMMUNIZATIONS

*(As recommended by the CDC/ACIP)*

- Measles, Mumps, Rubella (MMR)
- Diphtheria, Tetanus, Pertussis (DTaP, DT, DTP)
- Haemophilus Influenzae Type B (Hib, DTaP-Hib-IPV, DTP-Hib, DTaP-Hib)
- Hepatitis A
- Hepatitis B (HepB)
- Polio (OPV, IPV, DTaP-HepB-IPV)
- Influenza
- Pneumococcal
- Meningitis
- Varicella (including MMRV)
- Rotavirus
- Human Papillomavirus (HPV) (ages 9 to 26)

## OBSTETRICAL PREVENTIVE SERVICES

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.

### LABORATORY TESTS

- Iron Deficiency Anemia Screening
- Diabetes Screening
- Urine Study to Detect Asymptomatic Bacteriuria (first prenatal visit or at 12 to 16 weeks gestation)
- Rubella Screening
- Rh(D) Incompatibility Screening
- Hepatitis B Infection Screening (at first prenatal visit)
- Gonorrhea Screening
- Chlamydia Screening
- 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)

**Questions? Call Member Services at  
800-538-5038 weekdays, from  
7:00 a.m. to 8:00 p.m., and Saturdays,  
from 9:00 a.m. to 2:00 p.m.**