



Wellness Benefits **UAB** MEDICINE

UAB Health System and Health Services Foundation

This schedule outlines preventive services and items that VIVA HEALTH will pay at 100% for the non-grandfathered UAB Health System and Health Services Foundation 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) | As recommended per guidelines¹ |
| <ul style="list-style-type: none"> Routine Screenings, tests, & immunizations | As recommended per guidelines |
| Well Child Visits (Age 3-17) | One per year at PCP³ |
| <ul style="list-style-type: none"> Routine screenings, tests, & immunizations HIV screening & Counseling Obesity Screening Hepatitis B virus screening Sexually transmitted infection counseling Skin cancer behavioral counseling (Beginning at age 10) | As recommended per guidelines As recommended per guidelines As recommended per guidelines As recommended per guidelines Annually As recommended per guidelines |
| Routine Physical² (Age 18+) | One per year at PCP³ |
| <ul style="list-style-type: none"> Alcohol misuse screening & counseling Blood pressure screening Cholesterol screening Depression screening Diabetes screening Hepatitis B and C Virus Screening HIV screening & counseling Obesity screening Sexually transmitted infection counseling Syphilis screening Skin cancer behavioral counseling (Up to age 24) | 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 Visit² (Adolescents & Adults) | One per year at PCP or OB/GYN |
| <ul style="list-style-type: none"> Pap smear/cervical cancer screening Chlamydia screening Contraception counseling Domestic violence screening & counseling Gonorrhea screening HPV DNA testing Depression Screening | Annually As recommended per guidelines As recommended per guidelines Annually As recommended per guidelines Women 30+, every three years Annually |
| Maternity Care (Pregnant Women) | As recommended per guidelines |
| Prenatal and Postpartum Services (<i>Up to 6 visits per pregnancy for the following services</i>): | |
| <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 | As recommended per guidelines One at 12-16 weeks' gestation One per pregnancy for at-risk women One per pregnancy and 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 four years |
| Breast pump purchase ⁴ | One electric pump selected by VIVA HEALTH every four years |
| Contraception (Females) | |
| <ul style="list-style-type: none"> Oral Contraceptives⁵ Implant (Implanon) Injection (Depo-Provera shot) | Generics only; Prescription required As recommended per guidelines; Performed in physician's office One every three months |



PREVENTIVE SERVICE

FREQUENCY/LIMITATIONS

Contraception (Females), *continued*

- I.U.D.
- Diaphragm or cervical cap
- Over the counter contraceptives (Females)⁵

As recommended per guidelines; 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

- Sterilization
- Contraceptive Patch
- Contraceptive Vaginal Ring

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

Lung cancer screening (Very heavy smokers, ages 55-80)

One per year, as recommended per guidelines

Colorectal cancer screening (Age 50-75)

- Fecal occult blood testing and Fecal Immunochemical Test (FIT)
- Fecal-DNA
- Sigmoidoscopy
- Screening colonoscopy

One per year
One every three years
One every five years
One every 10 years

Abdominal aortic aneurysm screening (Men age 65-75 w/ smoking history)

One per lifetime

Tuberculosis screening (Asymptomatic, at-risk adults age 18+)

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 immunizations⁶ (Not travel related); Includes, but not limited to:

- Influenza (Age 6 months-adult)
- HPV (Starting age 11-12)
- Pneumococcal
- Zoster (Shingles) (Age 60+)
- RZV/Shingrix (Shingles) (Age 50+)

As recommended by CDC

Two per calendar year
Three doses per lifetime
As recommended by PCP
One per lifetime

Diet counseling (Adults with high cholesterol or other risks for heart or diet-related chronic disease)

Two doses per lifetime

Three visits per year

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

Six visits per lifetime

Tobacco use counseling and interventions

Two visits per year with PCP or specialist

PHARMACY BENEFITS⁵

FREQUENCY/LIMITATIONS

Aspirin to prevent heart disease (Age 45+)

Generic only

Folic acid supplements (Women 55 & younger)

Generic only

Iron supplements (12 months & younger)

For babies at risk for anemia

Oral contraceptives (Females)

Generic only

Over the counter contraceptives (Females)

Generic only

Oral fluoride supplements (6 years & younger)

For children whose water source is fluoride deficient

Tobacco cessation products⁷

Two, 12-week treatment courses total per Calendar Year.
Prescription required.

- Generic nicotine replacement products (including the patch, lozenge, gum, inhaler, or nasal spray), or
- Nicotrol (inhaler), or
- Nicotrol NS (nasal spray), or
- Generic Zyban, or
- Varenicline tartrate (Chantix)

Breast Cancer Preventive Drugs (Women)⁸

Tamoxifen and raloxifene (generic only)

Statins to prevent cardiovascular disease (CVD) (at-risk adults ages 40-75 with no history of CVD and 1 or more CVD risk factors)

Low-to-moderate dose select generics only

¹As recommended per guidelines" means as recommended by your physician and in accordance with guidelines issued under the Affordable Care Act. ²Must be part of your annual physical or OB/GYN visit for coverage at 100% ³PCP means personal care provider or primary care physician and is generally an internist, family practitioner, general practitioner, pediatrician, and sometimes an obstetrician/ gynecologist. ⁴To 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. 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. Exceptions to limits may apply based on medical necessity. ⁶For 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. 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.



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

The list below contains low-to-moderate dose select 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

FLUVASTATIN IR AND XL 20 – 80MG

LOVASTATIN 10 – 40 MG

PRAVASTATIN 10 – 80 MG

SIMVASTATIN 5 – 40MG

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).