

# PREVENTIVE HEALTH CARE



## Your guide to understanding what it is and what's covered

### Why Do You Need Preventive Care?

**Your health care plan covers specific preventive care services.** Even when you're in the best shape of your life, a serious condition with no symptoms may put your health at risk. Using these services at the right time can help you stay healthier by:

- › Preventing certain illnesses and health conditions from happening
- › Detecting health problems at early stages, when they may be easier to treat

**To make sure you get the care you need – without any unexpected costs – it's important for you to know:**

- › What is preventive care
- › Preventive care services your plan covers

### What's Preventive Care?

Preventive care services are provided when you don't have any symptoms and haven't been diagnosed with a health issue connected with the preventive service. They typically are provided during a wellness exam. You and your doctor will determine what tests and health screenings are right for you based on your:

- › Age
- › Gender
- › Personal health history
- › Current health

### What's Not Preventive Care?

When your doctor determines that you have a health issue, the additional screenings and tests after this diagnosis are no longer considered preventive. These services are covered under your plan's medical benefits, not your preventive care benefits.

### What's Your Share of the Cost?

Many plans cover preventive care services at 100% – no additional cost to you – when you go to a health care professional in your plan's network. Check your plan materials for details about your specific medical plan's coverage and the provider directory for a list of health care professionals and facilities in your plan's network.

Even when your appointment is for preventive care, you may receive other services during that exam that are not preventive. These other services are generally covered under your plan's medical benefits, not your preventive care benefits. This means you may be responsible for paying a portion or all of the cost, depending on your plan's deductible, copay, and coinsurance amounts.

**The charts on the following pages list the services and supplies that are considered preventive care under your plan.**



### Questions?

Talk with your doctor or call Cigna at the toll-free number on the back of your ID card.




Together, all the way.®



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

916158 02/18

## Wellness exams






















SERVICE	GROUP	AGE, FREQUENCY
Well-baby/well-child/well-person exams, including annual well-woman exam (includes height, weight, head circumference, BMI, blood pressure, history, anticipatory guidance, education regarding risk reduction, psychosocial/behavioral assessment)	  	<ul style="list-style-type: none"> <li>• Birth, 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months</li> <li>• Additional visit at 2–4 days for infants discharged less than 48 hours after delivery</li> <li>• Ages 3 to 21, once a year</li> <li>• Ages 22 and older, periodic visits as doctor advises</li> </ul>

## The following routine immunizations are currently designated preventive services

SERVICE	SERVICE
Diphtheria, Tetanus Toxoids and Acellular Pertussis (DTaP, Tdap, Td)	Meningococcal (MCV)
Haemophilus influenzae type b conjugate (Hib)	Pneumococcal (pneumonia)
Hepatitis A (Hep A)	Poliovirus (IPV)
Hepatitis B (Hep B)	Rotavirus (RV)
Human papillomavirus (HPV) (age criteria apply depending on vaccine brand)	Varicella (chickenpox)
Influenza vaccine	Zoster (shingles)
Measles, mumps and rubella (MMR)	

You may view the immunization schedules on the CDC website: [cdc.gov/vaccines/schedules/](https://cdc.gov/vaccines/schedules/).

## Health screenings and interventions

SERVICE	GROUP	AGE, FREQUENCY
Abnormal blood glucose and type 2 diabetes screening/counseling	 	Adults ages 40–70 who are overweight or obese
Alcohol misuse/substance abuse screening	  	All adults; adolescents age 11–21
Aspirin to prevent cardiovascular disease and colorectal cancer; or to reduce risk for preeclampsia <sup>1</sup>	 	Adults ages 50–59 with risk factors; Pregnant women at risk for preeclampsia
Autism screening		18, 24 months
Bacteriuria screening		Pregnant women
Bilirubin screening (effective on or after 1/1/18 as plans renew)		Newborns before discharge from hospital
Breast cancer screening (mammogram)		Women ages 40 and older, every 1–2 years
Breast-feeding support/counseling, supplies <sup>2</sup>		During pregnancy and after birth
Cervical cancer screening (Pap test) HPV DNA test with Pap test		Women ages 21–65, every 3 years Women ages 30–65, every 5 years
Chlamydia screening		Sexually active women ages 24 and under and older women at risk
Cholesterol/lipid disorders screening <sup>1</sup>	  	<ul style="list-style-type: none"> <li>• Screening of children and adolescents ages 9–11 years and 17–21 years; children and adolescents with risk factors ages 2–8 and 12–16 years</li> <li>• All adults ages 40–75</li> </ul>
Colon cancer screening <sup>1</sup>	 	<p>The following tests will be covered for colorectal cancer screening, ages 50 and older:</p> <ul style="list-style-type: none"> <li>• Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) annually</li> <li>• Flexible sigmoidoscopy every 5 years</li> <li>• Double-contrast barium enema (DCBE) every 5 years</li> <li>• Colonoscopy every 10 years</li> <li>• Computed tomographic colonography (CTC)/virtual colonoscopy every 5 years - Requires precertification</li> <li>• Stool-based deoxyribonucleic acid (DNA) test (i.e., Cologuard) every 3 years</li> </ul>
Congenital hypothyroidism screening		Newborns
Critical congenital heart disease screening		Newborns before discharge from hospital

 = Men  = Women  = Children/adolescents

## Health screenings and interventions

SERVICE	GROUP	AGE, FREQUENCY
Contraception counseling/education. Contraceptive products and services <sup>13,4</sup>	●	Women with reproductive capacity
Depression screening	● ● ●	Ages 12–21, All adults, including pregnant and postpartum women
Developmental screening	●	9, 18, 30 months
Developmental surveillance	●	Newborn, 1, 2, 4, 6, 12, 15, 24 months. At each visit ages 3 to 21
Discussion about potential benefits/risk of breast cancer preventive medication <sup>1</sup>	●	Women at risk
Dental caries prevention Evaluate water source for sufficient fluoride; if deficient prescribe oral fluoride <sup>1</sup> Application of fluoride varnish to primary teeth at time of eruption (in primary care setting)	●	Children older than 6 months Children to age 6 years
Domestic and interpersonal violence screening	●	All women (adolescent/adult)
Fall prevention in older adults (physical therapy, vitamin D supplementation <sup>1</sup> )	● ●	Community-dwelling adults ages 65 and older with risk factors
Folic acid supplementation <sup>1</sup>	●	Women planning or capable of pregnancy
Genetic counseling/evaluation and BRCA1/BRCA2 testing	●	Women at risk • Genetic counseling must be provided by an independent board-certified genetic specialist prior to BRCA1/BRCA2 genetic testing • BRCA1/BRCA2 testing requires precertification
Gestational diabetes screening	●	Pregnant women
Gonorrhea screening	●	Sexually active women age 24 years and younger and older women at risk
Hearing screening (not complete hearing examination)	●	All newborns by 2 months. Ages 4, 5, 6, 8, 10. Adolescents once between ages 11–14, 15–17 and 18–21 (effective on or after 2/1/18 as plans renew)
Healthy diet and physical activity counseling	● ● ●	Ages 6 and older - to promote improvement in weight status; Overweight or obese adults with risk factors for cardiovascular disease
Hemoglobin or hematocrit	●	12 months
Hepatitis B screening	● ● ●	Pregnant women; adolescents and adults at risk
Hepatitis C screening	● ●	Adults at risk; one-time screening for adults born between 1945 and 1965
High blood pressure screening (outside clinical setting) <sup>2</sup>	● ●	Adults ages 18 and older without known high blood pressure
HIV screening and counseling	● ● ●	Pregnant women; adolescents and adults 15 to 65 years; younger adolescents and older adults at risk; sexually active women (adolescent/adult), annually
Iron supplementation <sup>1</sup>	●	6–12 months for children at risk
Lead screening	●	12, 24 months
Lung cancer screening (low-dose computed tomography)	● ●	Adults ages 55 to 80 with 30 pack-year smoking history, and currently smoke, or have quit within the past 15 years. Computed tomography requires precertification.
Metabolic/hemoglobinopathies (according to state law)	●	Newborns
Obesity screening/counseling	● ● ●	Ages 6 and older, all adults
Oral health evaluation/assess for dental referral	●	6, 9 months. Ages 12 months, 18 months–6 years for children at risk
Osteoporosis screening	●	Age 65 or older (or under age 65 for women with fracture risk as determined by Fracture Risk Assessment Score). Computed tomographic bone density study requires precertification
PKU screening	●	Newborns

● = Men ● = Women ● = Children/adolescents

## Health screenings and interventions

SERVICE	GROUP	AGE, FREQUENCY
Ocular (eye) medication to prevent blindness	●	Newborns
Rh incompatibility test	●	Pregnant women
Sexually transmitted infections (STI) counseling	● ● ●	Sexually active women, annually; sexually active adolescents; and men at increased risk
Sexually transmitted infections (STI) screening	●	Adolescents ages 11–21
Sickle cell disease screening	●	Newborns
Skin cancer prevention counseling to minimize exposure to ultraviolet radiation	● ● ●	Ages 10–24
Syphilis screening	● ● ●	Individuals at risk; pregnant women
Tobacco use cessation: counseling/interventions <sup>1</sup>	● ●	All adults <sup>1</sup> ; pregnant women
Tobacco use prevention (counseling to prevent initiation)	●	School-age children and adolescents
Tuberculosis screening	● ● ●	Children, adolescents and adults at risk
Ultrasound aortic abdominal aneurysm screening	●	Men ages 65–75 who have ever smoked
Vision screening (not complete eye examination)	●	Ages 3, 4, 5, 6, 8, 10, 12, and 15 or as doctor advises

● = Men ● = Women ● = Children/adolescents



1. Subject to the terms of your plan's pharmacy coverage, certain drugs and products may be covered at 100%. Your doctor is required to give you a prescription, including for those that are available over-the-counter, for them to be covered under your Pharmacy benefit. Cost sharing may be applied for brand-name products where generic alternatives are available. Please refer to Cigna's "No Cost Preventive Medications by Drug Category" Guide for information on drugs and products with no out-of-pocket cost.
2. Subject to the terms of your plan's medical coverage, home blood pressure monitoring supplies, breast-feeding equipment rental and supplies may be covered at the preventive level. Your doctor is required to provide a prescription, and the equipment and supplies must be ordered through CareCentrix, Cigna's national durable medical equipment vendor. Precertification is required for some types of breast pump equipment. To obtain home blood pressure monitoring equipment, breast pump and breast pump supplies, contact CareCentrix at 844.457.9810.
3. Examples include oral contraceptives; diaphragms; hormonal injections and contraceptive supplies (spermicide, female condoms); emergency contraception.
4. Subject to the terms of your plan's medical coverage, contraceptive products and services such as some types of IUD's, implants and sterilization procedures may be covered at the preventive level. Check your plan materials for details about your specific medical plan.

These preventive health services are based on recommendations from the U.S. Preventive Services Task Force (A and B recommendations), the Advisory Committee on Immunization Practices (ACIP) for immunizations, the American Academy of Pediatrics' Periodicity Schedule of the Bright Futures Recommendations for Pediatric Preventive Health Care, the Uniform Panel of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children and, with respect to women, evidence-informed preventive care and screening guidelines supported by the Health Resources and Services Administration. For additional information on immunizations, visit the immunization schedule section of [www.cdc.gov](http://www.cdc.gov). This document is a general guide. Always discuss your particular preventive care needs with your doctor.

Some plans choose to supplement the preventive care services listed above with a few additional services, such as other common laboratory panel tests. When delivered during a preventive care visit, these services also may be covered at the preventive level.

### Exclusions

This document provides highlights of preventive care coverage generally. Some preventive services may not be covered under your plan. For example, immunizations for travel are generally not covered. Other non-covered services/supplies may include any service or device that is not medically necessary or services/supplies that are unproven (experimental or investigational). For the specific coverage terms of your plan, refer to the Evidence of Coverage, Summary Plan Description or Insurance Certificate.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc. (CHC-TN), and Cigna HealthCare of Texas, Inc. Policy forms: OK - HP-APP-1 et al (CHLIC); TN - HP-POL43/HC-CER1V1 et al (CHLIC), GSA-COVER, et al (CHC-TN). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.