

Preventive Health Care Services Schedule Individual and Family Plans



No-cost care helps you stay on top of your health

Aspirus Health Plan puts an emphasis on keeping you healthy. We include a 100% benefit for preventive services when performed by a participating provider. This means no deductible, copay or maximum dollar limit for routine exams and preventive services. We are proud to offer a range of services to our members, including all preventive services rated A or B by the United States Preventive Services Task Force (USPSTF). The effective date of a preventive service corresponds to the effective date of your current health plan. For a complete list of covered preventive services, please visit the USPSTF website (uspreventiveservicestaskforce.org) or call Customer Service at **866.631.5404, Monday-Friday, 7 am - 5 pm.**

Preventive Services	Participating Providers	Non-Participating Providers
<p>Routine physical exams (Including pelvic exams, pap smears every 3 years, or related routine screening services)</p>	100% coverage, no cost-sharing	No benefits
<p>Well-child visits (Including related routine screening services)</p>	100% coverage, no cost-sharing	No benefits
<p>Routine immunizations Age-appropriate immunizations as recommended by the Advisory Committee on Immunization Practices. Immunizations for travel purposes are not covered.</p>	100% coverage, no cost-sharing	POS plans: 100% coverage, no cost-sharing HMO plans: No benefits
<p>Mammograms Covered expenses include one routine screening exam per calendar year (3D included) beginning at age 40, for women and men. A routine screening mammogram is a specific procedure performed for detection of a clinically unrevealed disease. A diagnostic mammogram is a specific procedure performed when the covered person has a symptom or history of breast abnormality or cancer. Diagnostic mammograms are subject to the covered person's deductible and coinsurance.</p>	100% coverage, no cost-sharing	POS plans: cost-sharing out of network HMO plans: no benefits
<p>Screening colonoscopies/sigmoidoscopy/fecal occult blood testing Covered expenses include annual routine screening testing for covered persons age 45 and over. A <i>routine screening</i> test is a procedure performed for detection of a clinically unrevealed disease and includes routine screening colonoscopies, stool-based tests, CT colonography and flexible sigmoidoscopy. A <i>diagnostic colonoscopy</i> is a procedure performed when the covered person has a symptom or history of colon abnormality, polyps, or cancer. Diagnostic colonoscopies are not considered preventive and are subject to the covered person's deductible and coinsurance.</p> <p>Colorectal cancer is the second-leading cause of cancer death in the United States. Colorectal cancer is most frequently diagnosed among adults ages 65 to 74 years; the median age at death from colorectal cancer is 68 years.</p>	100% coverage, no cost-sharing	POS plans: cost-sharing out of network HMO plans: no benefits
<p>Bone density test to screen for osteoporosis Covered expenses include one-time routine screening exam for women age 65 and over.</p>	100% coverage, no cost-sharing	No benefits
<p>Abdominal aortic aneurysm screening</p>	100% coverage, no cost-sharing	No benefits
<p>Pregnancy screenings including, but not limited to:</p> <ul style="list-style-type: none"> • Hepatitis B • Asymptomatic bacteriuria • Rh incompatibility • Iron deficiency anemia • Chlamydia, Gonorrhea, Syphilis • Healthy weight 	100% coverage, no cost-sharing	No benefits

Preventive Services, continued	Participating Providers	Non-Participating Providers
<p>Screening and intervention services (including counseling and education) for:</p> <ul style="list-style-type: none"> Genetic testing for breast and ovarian cancer in women, once per lifetime Breastfeeding Tobacco use and diseases caused by tobacco use Alcohol and drug use Diet and physical activity Obesity Sexually transmitted infections (STIs) 	100% coverage, no cost-sharing	No benefits
<p>Preventive care drug Means a prescription drug whose routine use is rated A or B by the USPSTF. These drugs require a written prescription order from a practitioner and are limited to the following:</p> <ul style="list-style-type: none"> Aspirin after 12 weeks of gestation in women who are at high risk for preeclampsia Fluoride supplements for children older than six months, through age 16 Folic acid for women planning or capable of pregnancy Oral contraceptives, contraceptive patches, contraceptive vaginal rings, and contraceptive devices Nicotine replacements and covered drugs used for smoking cessation if the covered person is age 18 or over Risk-reducing medications, such as tamoxifen or raloxifene, for women age 35 and older, who are at increased risk for breast cancer and at low risk for adverse medication effects Low/moderate-dose statins (ages 40-75) with at least one cardiovascular disease risk factor and a 10-year calculated risk of at least 10% HIV infection prevention medications 	100% coverage, no cost-sharing	No benefits
<p>Preventive services for women, as recommended by the Health Resources and Services Administration:</p> <ul style="list-style-type: none"> Screening for gestational diabetes in pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes Human papilloma virus DNA testing in women age 30 and older once every five years Behavioral counseling on sexually transmitted infections (STI) for sexually active adolescent and adult women at increased risk for STIs Annual counseling and screening for HIV infection for all sexually active women All FDA-approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity Comprehensive lactation support and counseling by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment Annual screening and counseling for interpersonal and domestic violence 	100% coverage, cost-sharing	No benefits

The above preventive services are covered subject to the terms and conditions set forth in your Aspirus Health Plan Certificate of Coverage. Age-appropriate screenings are set by the United States Preventive Services Task Force and are subject to change.