

ADULT PREVENTIVE SERVICES

Routine exams, immunizations and screenings for adults age 18 and older. Moda Health believes in the value of prevention and we encourage our members to follow these guidelines for preventive care. To be consistent with Health Care Reform, this list of screenings and services will be performed at no cost to the member when provided by an in-network provider. If no plan limit is specified, services are covered during your preventive visit with your primary doctor.

Preventive exams	Gender	Age	Plan limit
Routine physical exams and check-ups	Both	22+	One per year
Health screenings and counseling	Gender	Age	Plan limit
Abdominal aortic aneurysm	Male	65-75	One time during lifetime
Type 2 diabetes melitus	Both	18+	
Depression	Both	All	
Osteoporosis in postmenopausal women	Female	60+	Once every two years
Screening and counseling for HIV	Both	All	
Screening for lipid disorders	Both	20+	Once per year
Chlamydia infection	Female	All	
Gonorrhea infection	Female	All	
Syphilis infection	Both	All	
Screening and behavioral counseling interventions in primary care to reduce alcohol misuse	Both	All	
Counseling: Behavioral counseling to prevent sexually transmitted infections	Both	All	
Contraceptive use	Both	All	
Folic acid supplementation	Both	All	
Hypertension	Both	All	
Counseling for lipid disorders	Both	All	
Motor vehicle related injury prevention	Both	All	

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This list is based on the recommendation of the U.S. Preventive Task Force and may change in order to be compliant with Health Care Reform. This list is in force for non-grandfathered plans.

Some services listed here are covered based on how the provider bills the claim submitted to Moda Health. This list is a summary only. For a complete description of your benefits, please refer to your policy.

Primary prevention of cardiovascular events	Both	All	
Primary care to promote a healthy diet	Both	All	
Prevent tobacco use and tobacco-caused diseases	Both	All	
Screening and counseling for obesity	Both	All	
Maternity screenings	Gender	Age	Plan limit
Asymptomatic bacteriuria	Female	All	Once per pregnancy
Iron deficiency anemia	Female	All	None
Hepatitis B Virus +	Female	All	Once per pregnancy, when at risk
Iron deficiency anemia — including iron supplementation for pregnant women	Female	All	
Rh (D) incompatibility	Female	All	
Counseling: Prenatal diagnosis of chromosomal abnormalities and neural tube defects	Female	All	
Counseling: Primary care interventions to promote breastfeeding	Female	All	
Immunizations	Gender	Age	Plan limit
Hepatitis B	Both	19+	Three doses
Influenza	Both	19+	Once per flu season
Meningococcal	Both	19+	Once in a lifetime
Human Papillomavirus (HPV)	Both	19-26	Three doses
Measles, mumps and rubella (MMR)	Both	19+	Two doses
Td/Tdap (Tetanus)	Both	19+	
Varicella (Chicken pox)	Both	19+	Two doses
Zoster (Shingles)	Both	60+	Once in a lifetime
Cancer screenings	Gender	Age	Plan limit

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Cervical cancer via pap smear	Female	All	
Colorectal cancer (fecal occult)	Both	50+	Once a year
Colorectal cancer (colonoscopy)	Both	50+	Once every 10 years
Colorectal cancer (sigmoidoscopy)	Both	50+	Once every five years
Breast cancer	Female	40+	
Counseling: Chemoprevention of breast cancer	Both	All	
Counseling: Genetic risk assessment and BRCA for breast and ovarian cancer susceptibility	Female	All	
Women's preventive care (effective 8/1/2012 or on your plan's renewing date)	Gender	Age	Plan limit
FDA-approved generic contraceptives (i.e. oral, injectables or transdermal) are covered at a \$0 copay under your pharmacy or medical benefits.	Female	Not applicable	
Two female condoms, the FC Condom and Reality Condom, will be covered as over the counter (OTC) contraceptive methods under your pharmacy benefit at a \$0 copay when prescribed by a physician.	Female	Not applicable	
Other contraceptives such as barrier devices (i.e. Diaphragm, IUD or Cervical Cap) will be covered at a \$0 copay because no generics are available. Covered under your pharmacy or medical plan.	Female	Not applicable	
Plan B (morning after pill) is covered at a \$0 copay when prescribed by a doctor. If you need this medication quickly, a retail pharmacist may call the doctor to obtain the prescription for you.	Female	Not applicable	
Tubal ligation, also known as sterilization, is covered at no cost. Associated charges such as anesthesia, labs, etc. are also covered at no cost. Any applicable exclusion periods continue to apply. Complications of the surgery are subject to standard medical benefits.	Female	Not applicable	

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Well woman visits. Please refer to the Preventive exams section on page 1.	Female	Not applicable	
Breastfeeding support, supplies and counseling covered at a \$0 copay with no deductible.	Female	Not applicable	
Lactation support and counseling covered at no cost per pregnancy from a licensed provider (in a hospital or office).	Female	Not applicable	
Screening for gestational diabetes is covered at no cost for pregnant women between 24 and 28 weeks of gestation, and first prenatal visit for pregnant women at high risk for diabetes.	Female	Not applicable	
Human papillomavirus (HPV) test/screening is covered at no cost with no age limit.	Female	Not applicable	
Counseling for sexually transmitted infections is covered at no cost during an annual well-woman visit for sexually active women.	Female	Not applicable	
Counseling and screening for HIV is covered at no cost during an annual well-woman visit for sexually active women.	Female	Not applicable	
Counseling and screening for interpersonal and domestic violence is covered at no cost during annual well-woman visits.	Female	Not applicable	

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