

CHILD PREVENTIVE SERVICES

Routine exams, immunizations and screenings for children age 18 and under. 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 visits	Gender	Age	Plan limit
Pediatric preventive healthcare visits	Both	Less than 1 year old	Seven
Pediatric preventive healthcare visits	Both	1 through 4	Seven during the specified ages
Pediatric preventive healthcare visits	Both	5 through 21	Yearly
Screenings	Gender	Age	Plan limit
Hearing loss in newborns	Both	Under 1	
Sickle cell disease in newborns	Both	Under 1	
Visual impairment in children	Both	3 through 4	
Phenylketonuria (PKU)	Both	All	
Assessment for depressive disorder	Both	12 to 18	
Immunizations	Gender	Age	Plan limit
Diphtheria, Tetanus, Pertussis	Both	6 and under	Five doses up to age 6
Influenza	Both	18 and under	Two doses for the first flu season, then annually
Haemophilus influenza type b (HIB)	Both	18 months and under	Four doses up to 18 months
Hepatitis A	Both	2 and under	Two doses up to age 2
Hepatitis B	Both	18 months and under	Three doses up to 18 months
Human papilloma virus (HPV)	Both	9 to 18	Three doses

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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.

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Inactivation Polio Virus (IPV)	Both	6 and under	Four doses up to age 6
Measles, Mumps, Rubella (MMR)	Both	6 and under	Two doses up to age 6
Meningococcal	Both	11 to 18	One
Pneumococcal (PCV)	Both	15 months and under	Four doses up to 15 months
Rotavirus	Both	6 months and under	2 or 3 doses
Varicella (chickenpox)	Both	6 and under	Two doses up to age 6
Supplements	Gender	Age	Plan limit
Oral fluoride with iron	Both	6 to 12 months	As prescribed by provider and filled at the pharmacy for approved medications
Sodium fluoride (SODIUM FLUORIDE)	Both	6 months to 6 years	As prescribed by provider
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	

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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	
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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