



Preventive Services

As of July 1, 2024 (subject to change)

Definition Per SPD

Preventive / Routine Care means a prescribed standard procedure that is ordered by a Physician to evaluate or assess the Covered Person's health and well-being, screen for possible detection of unrevealed Illness or Injury, improve the Covered Person's health, or extend the Covered Person's life expectancy. Generally, a procedure is routine if there is no personal history of the Illness or Injury for which the Covered Person is being screened, except as required by applicable law. Benefits included as Preventive / Routine Care are listed in the Schedule of Benefits and will be paid subject to any listed limits or maximums. Whether an immunization is considered Preventative / Routine is based upon the recommendation of the Centers for Disease Control and Prevention. Preventive / Routine Care does not include benefits specifically excluded by this Plan, or treatment after the diagnosis of an Illness or Injury, except as required by applicable law.



Preventive Services

PPO Plan 1 (Similar to an EPO)

As of July 1, 2024 (subject to change)

	IN-NETWORK	OUT-OF-NETWORK
Allergy Testing: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	100%	50%
Note: The Office Visit Co-pay Applies To All Services Performed In The Doctor's Office, Including Surgery, Even If There Is No Office Visit Charge Made, Except for Allergy Testing And Serum. The Office Visit Benefit Also Includes All Outside X-ray And Laboratory Services Billed On The Same Day As The Office Visit.		
Preventive / Routine Care Benefits. See Glossary Of Terms For Definition. Benefits Include: From Age 17		
Preventive / Routine Physical Exams At Appropriate Ages: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	100%	50%
Preventive / Routine Gyn Exams: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	100%	50%
Immunizations Including Flumist Vaccine: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	100%	50%
Preventive / Routine Diagnostic Tests, Lab And X-rays At Appropriate Ages: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	100%	50%
Preventive / Routine Screenings / Services At Appropriate Ages And Gender: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	100%	50%
Preventive / Routine Mammograms And Breast Exams (Including 3-D Mammograms): From Age 35 To Age 40 <ul style="list-style-type: none"> • Maximum Exams From Age 40 <ul style="list-style-type: none"> • Maximum Exams Per Calendar Year • Paid By Plan After Deductible 	100%	1 Exam 1 Exam 50%
Preventive / Routine Pelvic Exams And Pap Test: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	100%	50%
Preventive / Routine PSA Test And Prostate Exams: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	100%	50%
Preventive / Routine Colonoscopy, Sigmoidoscopy And Similar Routine Surgical Procedures Done For Preventive Reasons (Including Virtual Colonoscopies For Diagnostic And Routine Services): <ul style="list-style-type: none"> • Paid By Plan After Deductible 	100%	50%

	IN-NETWORK	OUT-OF-NETWORK
Preventive / Routine Alcohol And Substance Use Disorder, Tobacco Use, Obesity, Diet And Nutrition Counseling: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	100%	50%
In Addition, The Following Preventive / Routine For Women Services Are Covered: <ul style="list-style-type: none"> ➤ Gestational Diabetes ➤ Papillomavirus DNA Testing ➤ Counseling For Sexually Transmitted Infections (Provided Annually)* ➤ Counseling for Human Immune-deficiency Virus (Provided Annually)* ➤ Breastfeeding Support, Supplies and Counseling ➤ Counseling For Interpersonal And Domestic Violence For Women (Provided Annually)* <ul style="list-style-type: none"> • Paid By Plan After Deductible 	100%	50%
*These Services May Also Apply To Men.		
Preventive / Routine Care Benefits For Children Include: (For Out-Of-Network Limited To 18 Periodic Visits Over A 16-Year-Period Provided In Accordance With The Recommendations For Preventative Pediatric Health Care Of The American Academy Of Pediatrics.) To Age 17		
Preventive / Routine Physical Exams: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	100%	50%
Immunizations: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	100%	50%
Preventive / Routine Diagnostic Tests, Lab And X-rays: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	100%	50%
Preventive / Routine Screenings / Services At Appropriate Ages: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	100%	50%
Preventive / Routine Autism Screening: From Age 0 to 21 <ul style="list-style-type: none"> • Paid By Plan After Deductible 	100%	50%
Preventive / Routine Hearing Exam: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	100%	50%
Preventive / Routine Eye Exam: To Age 18 <ul style="list-style-type: none"> • Paid By Plan After Deductible 	100%	50%
Second And/Or Third Surgical Opinion: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	100%	50%



Preventive Services PPO Plan 2 (Similar to a PPO)

As of July 1, 2024 (subject to change)

	IN-NETWORK	OUT-OF-NETWORK
Inherited Diseases/Enteral Formulas: <ul style="list-style-type: none"> Maximum Benefit Per Calendar Year Paid By Plan After Deductible 	90%	\$5,000 70%
Maternity: Routine Prenatal Services: <ul style="list-style-type: none"> Paid By Plan After Deductible 	100% (Deductible Waived)	70%
Non-Routine Prenatal Services, Delivery And Postnatal Care: <ul style="list-style-type: none"> Paid By Plan After Deductible 	90%	70%
Mental Health, Substance Use Disorder And Chemical Dependency Benefits: <ul style="list-style-type: none"> Paid By Plan After Deductible 	90%	70%
Physician Office Visit: <ul style="list-style-type: none"> Paid By Plan After Deductible <p><i>Note: Related Outpatient Non-PPO Diagnostic X-Ray And Lab Services That Are Incurred As A Result Of A PPO Physician Office Visit Will Be Payable At The Non-PPO Level Of Benefits.</i></p>	90%	70%
Physician Office Services: <ul style="list-style-type: none"> Paid By Plan After Deductible 	90%	70%
Preventive / Routine Care Benefits. See Glossary Of Terms For Definition. Benefits Include: From Age 17		
Preventive / Routine Physical Exams At Appropriate Ages: <ul style="list-style-type: none"> Paid By Plan 	100% (Deductible Waived)	No Benefit
Preventive / Routine Gyn Exams: <ul style="list-style-type: none"> Paid By Plan 	100% (Deductible Waived)	No Benefit
Immunizations Including Flumist Vaccine: <ul style="list-style-type: none"> Paid By Plan 	100% (Deductible Waived)	No Benefit
Preventive / Routine Diagnostic Tests, Lab And X-rays At Appropriate Ages: <ul style="list-style-type: none"> Paid By Plan 	100% (Deductible Waived)	No Benefit
Preventive / Routine Screenings / Services At Appropriate Ages And Gender: <ul style="list-style-type: none"> Paid By Plan 	100% (Deductible Waived)	No Benefit

	IN-NETWORK	OUT-OF-NETWORK
Preventive / Routine Mammograms And Breast Exams (Including 3-D Mammograms): From Age 35 To Age 40 <ul style="list-style-type: none"> • Maximum Exams • Maximum Exams Per Calendar Year • Paid By Plan 	1 Exam 100% (Deductible Waived)	1 Exam 90% (Deductible Waived)
Note: One Or More Mammograms A Year, Based Upon A Physician's Recommendation, For Any Woman Who Is At Risk For Breast Cancer Because Of Personal Or Family History Of Breast Cancer; Because Of Having A History Of Biopsy-Proven Benign Breast Disease; Because Of Having A Mother, Sister, Or Daughter Who Has Or Has Had Breast Cancer; Or Because A Woman Has Not Given Birth Before The Age Of 30.		No Benefit
Preventive / Routine Pelvic Exams And Pap Test: <ul style="list-style-type: none"> • Paid By Plan 	100% (Deductible Waived)	No Benefit
Preventive / Routine PSA Test And Prostate Exams: <ul style="list-style-type: none"> • Paid By Plan 	100% (Deductible Waived)	No Benefit
Preventive / Routine Colonoscopy, Sigmoidoscopy And Similar Routine Surgical Procedures Done For Preventive Reasons (Including Virtual Colonoscopies For Diagnostic And Routine Services): <ul style="list-style-type: none"> • Paid By Plan 	100% (Deductible Waived)	No Benefit
Preventive / Routine Alcohol And Substance Use Disorder, Tobacco Use, Obesity, Diet And Nutrition Counseling: <ul style="list-style-type: none"> • Paid By Plan 	100% (Deductible Waived)	No Benefit

	IN-NETWORK	OUT-OF-NETWORK
<p>In Addition, The Following Preventive / Routine For Women Services Are Covered:</p> <ul style="list-style-type: none"> ➤ Gestational Diabetes ➤ Papillomavirus DNA Testing ➤ Counseling For Sexually Transmitted Infections (Provided Annually)* ➤ Counseling for Human Immune-deficiency Virus (Provided Annually)* ➤ Breastfeeding Support, Supplies and Counseling ➤ Counseling For Interpersonal And Domestic Violence For Women (Provided Annually)* <ul style="list-style-type: none"> • Paid By Plan After Deductible 	100% (Deductible Waived)	70%
*These Services May Also Apply To Men.		
<p>Preventive / Routine Care Benefits For Children Include: (For Out-Of-Network Limited To 18 Periodic Visits Over A 16-Year-Period Provided In Accordance With The Recommendations For Preventative Pediatric Health Care Of The American Academy Of Pediatrics.) To Age 17</p> <p>Preventive / Routine Physical Exams:</p> <ul style="list-style-type: none"> • Paid By Plan <p>Immunizations:</p> <ul style="list-style-type: none"> • Paid By Plan <p>Preventive / Routine Diagnostic Tests, Lab And X-rays:</p> <ul style="list-style-type: none"> • Paid By Plan <p>Preventive / Routine Autism Screening: From Age 0 to 21</p> <ul style="list-style-type: none"> • Paid By Plan <p>Preventive / Routine Screenings / Services At Appropriate Ages:</p> <ul style="list-style-type: none"> • Paid By Plan <p>Preventive / Routine Hearing Exam:</p> <ul style="list-style-type: none"> • Paid By Plan 	<p>100% (Deductible Waived)</p>	<p>70% (Deductible Waived)</p> <p>70% (Deductible Waived)</p> <p>70% (Deductible Waived)</p> <p>70% (Deductible Waived)</p> <p>70% (Deductible Waived)</p> <p>70% (Deductible Waived)</p>
<p>Second And/Or Third Surgical Opinion:</p> <ul style="list-style-type: none"> • Paid By Plan After Deductible 	100%	100%
<p>Skilled Nursing Facility – Inpatient Services:</p> <ul style="list-style-type: none"> • Maximum Days Per Calendar Year • Paid By Plan After Deductible 	90%	60 Days 70%

