

PREVENTIVE HEALTH CARE



Your guide to understanding what it is and what is 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
- › What preventive care services your plan covers

What is 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 health care provider will determine what tests and health screenings are right for you, based on your:

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

What is 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 is 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.

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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"> • Birth, 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months • Additional visit at 2–4 days for infants discharged less than 48 hours after delivery • Age 3 to 21; once a year • Age 22 and older; periodic visits as doctor advises |

The following routine immunizations are currently designated as 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: www.cdc.gov/vaccines/schedules/.

Health screenings and interventions

| SERVICE | GROUP | AGE, FREQUENCY |
|--|-------|--|
| Abnormal blood glucose and type 2 diabetes screening/counseling | | All adults and adolescents |
| Alcohol misuse/substance use screening | | All adults and adolescents |
| Aspirin to prevent cardiovascular disease and colorectal cancer, or to reduce risk for preeclampsia ¹ | | Adults ages 50–59 with risk factors; pregnant women at risk for preeclampsia |
| Autism screening | | 18 and 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 age 40 and older, every 1–2 years |
| Breast-feeding support/counseling, supplies ² | | Pregnant and nursing women |
| Cervical cancer screening (Pap test) HPV DNA test with Pap test | | Women age 21–65, annually Women age 30–65, annually |
| Chlamydia screening | | Sexually active women age 24 and under, and older women at risk |
| Colon cancer screening ¹ | | The following tests will be covered for colorectal cancer screening, age 50 and older. <ul style="list-style-type: none"> • Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) annually • Flexible sigmoidoscopy every 5 years • Double-contrast barium enema (DCBE) every 5 years • Colonoscopy every 10 years • Computed tomographic colonography (CTC)/virtual colonoscopy every 5 years - Requires prior authorization • Stool-based deoxyribonucleic acid (DNA) test (i.e., Cologuard) every 3 years |
| Contraception counseling/education; contraceptive products and services ^{3,4} | | Women with reproductive capacity |
| Critical congenital heart disease screening | | Newborns before discharge from hospital |
| Depression screening | | Age 12–21, All adults, including pregnant and postpartum women |
| Developmental screening | | Children under age 3 |

= Men = Women = Children/adolescents

Health screenings and interventions

| SERVICE | GROUP | AGE, FREQUENCY |
|--|-------|--|
| Developmental surveillance | | Newborn, 1, 2, 4, 6, 12, 15, 24 months. At each visit age 3 to 21 |
| Discussion about potential benefits/risk of breast cancer preventive medication ¹ | | Women at risk |
| Dental caries prevention Application of fluoride varnish to primary teeth at time of eruption | | Fluoride chemoprevention supplements for children without fluoride in their water source. Fluoride varnish for all infants and children as soon as teeth are present |
| Domestic and interpersonal violence screening | | All women (adolescent/adult) |
| Dyslipidemia screening ¹ | | <ul style="list-style-type: none"> • All children once between 9 and 11 years and once between 17 and 21 years • Children at higher risk of lipid disorders ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, and 15 to 17 years |
| Fall prevention in older adults (physical therapy, vitamin D supplementation) | | Community-dwelling adults age 65 and older with risk factors |
| Folic acid supplementation ¹ | | Women planning or capable of pregnancy |
| Genetic counseling/evaluation and BRCA1/BRCA2 testing | | Women at risk <ul style="list-style-type: none"> • Genetic counseling must be provided by an independent, board-certified genetic specialist prior to BRCA1/BRCA2 genetic testing • BRCA1/BRCA2 testing requires prior authorization |
| Gestational diabetes screening | | Women 24 to 28 weeks pregnant and those at high risk |
| Gonorrhea screening | | Sexually active women age 24 and younger, and older women at risk |
| Hearing screening (not complete hearing examination) | | All newborns by 2 months. Age 4, 5, 6, 8, 10. Adolescents once between age 11–14, 15–17 and 18–21 (effective on or after 2/1/18 as plans renew) |
| Healthy diet and physical activity counseling | | Age 6 and older - to promote improvement in weight status; overweight or obese adults with risk factors for cardiovascular disease |
| Hemoglobin or hematocrit | | All children |
| 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) ² | | Adults age 18 and older |
| HIV screening and counseling | | Pregnant women; adolescents and adults age 15–65; younger adolescents and older adults at risk; sexually active women (adolescent/adult), annually |
| Hypothyroidism screening | | Newborns |
| Iron supplementation ¹ | | 6–12 months for children at risk |
| Lead screening | | At or around 12 months of age, and under the age of 6 for children who are at high risk |
| Lung cancer screening (low-dose computed tomography) | | Adults age 55–80 with 30 pack/year smoking history, and currently smoke, or have quit within the past 15 years. Computed tomography requires prior authorization. |
| Metabolic/hemoglobinopathies (according to state law) | | Newborns |
| Obesity screening/counseling | | Age 6 and older, all adults |
| Oral health evaluation/assess for dental referral | | 0 to 11 months, 1 to 4 years, 5 to 10 years |
| 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 prior authorization |
| PKU screening | | Newborns |
| Ocular (eye) medication to prevent blindness | | Newborns |
| Prostate cancer screening (PSA) | | Men age 50 and older, or age 40 with risk factors |

= Men = Women = Children/adolescents

Health screenings and interventions

| SERVICE | GROUP | AGE, FREQUENCY |
|---|-------|---|
| Rh incompatibility test | ● | Pregnant women |
| Sexually transmitted infection (STI) counseling | ● ● ● | Sexually active women, annually; sexually active adolescents; and men at increased risk |
| Sexually transmitted infection (STI) screening | ● | Adolescents age 11–21 |
| Sickle cell and Hemoglobinopathies screening | ● | Newborns |
| Skin cancer prevention counseling to minimize exposure to ultraviolet radiation | ● ● ● | Age 10–24 |
| Syphilis screening | ● ● ● | Individuals at risk; pregnant women |
| Tobacco use cessation: Counseling/interventions ¹ | ● ● | All adults; ¹ 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 age 65–75 who have ever smoked |
| Vision screening (not complete eye examination) | ● | All children |

● = 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. Prior authorization 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 IUDs, 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. 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.

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