Preventive health care

Use your preventive care benefits: They’re a covered benefit and available to help you stay well.

As a Providence Health Plan member, you and your enrolled dependents have access to preventive care services. For most members, many of these services are covered in full when you receive care from in-network providers. See your member materials for specific benefit information. Take a look at the following lists to see what's covered for you and your enrolled dependents.

What’s preventive care and why is it important?
Preventive care benefits are available so that you can make the most of your life. We encourage you to use these benefits – all that are appropriate for you. Even if you are healthy today, use your preventive care benefits to stay that way. They are designed to help detect potential health concerns early, which can ward off more serious health issues and avoid high medical expenses. Talk to your provider about what types of preventive care are appropriate for you. The following list is a great springboard for your discussion.

Preventive services for you and your family

Preventive care for ADULTS:

- Abdominal aortic aneurysm screening for men ages 65 to 75 years (one screening per lifetime)
- Alcohol misuse screening and counseling
- Blood pressure screening
- Bowel prep formulary generic medications for adults 50 years and older (prescription only)
- Cardio Vascular Disease (CVD), for those at high risk for; obesity and overweight screening and behavioral interventions
- Cholesterol screening (one per calendar year)
- Colorectal cancer screening (colonoscopy, sigmoidoscopy, and fecal occult blood test) for adults ages 50 and older. Please note that some types of anesthesia for preventive colonoscopies are covered in full as part of the colonoscopy screening.
- Contraceptive methods as required by law (Food and Drug Administration-approved), including sterilization procedures, patient education and counseling (abortifacient agents not covered)
- Depression screening
- Diabetes Type 2 screening (one per calendar year) and intensive behavioral counseling
- Domestic and interpersonal violence screening and counseling, at least annually
- Fall prevention for adults ages 65 and older
- Hepatitis B Virus screening for adults at high risk
- Hepatitis C Virus screening for adults born between 1945 and 1965
- Human Immunodeficiency Virus (HIV) screening and counseling
- Immunizations in accordance with Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (see page 4 for a complete listing)
- Low-dose aspirin prescribed to prevent cardiovascular disease and colorectal cancer for adults 50-59 years
- Lung cancer screening for adults ages 55 to 80 years at high risk (one per calendar year)
- Nutrition counseling
- Obesity and overweight screening and behavioral interventions
• Periodic health exams
• Sexually Transmitted Infection (STI) prevention counseling
• Skin cancer behavioral counseling
• Statin therapy of a low-to-moderate-dosage for adults without a history of cardiovascular disease (CVD) when all of the following apply: 1) age 40 to 75 years, 2) have one or more CVD risk factor, and 3) have a calculated 10-year risk of CVD event of 10% or greater
• Syphilis screening
• Tobacco use screening and cessation interventions (including behavioral counseling and pharmacotherapy)
• Tuberculosis screening for infection in at-risk adults, including those without symptoms of tuberculosis
• Vitamin D supplement for adults ages 65 and older and at an increased risk for falls (prescription only)

Additional Preventive care for WOMEN:
• Bone Density (Osteoporosis) screening for women ages 60 and older
• Breast cancer / BRCA genetic testing and counseling for breast and ovarian cancer, for women who meet criteria based on their personal and/or family history
• Breast cancer (Mammography) screening for women age 40 and over (every 1 to 2 years)
• Breast cancer risk reducing medications for women at high risk (prescription only)
• Cervical cancer screening
• Chlamydia infection screening
• Contraceptive methods as required by law (Food and Drug Administration-approved), including sterilization procedures, patient education, and counseling (abortifacient agents not covered)
• Domestic and interpersonal violence screening and counseling
• Folic acid supplements (0.4 to 0.8mg) for women of child-bearing age (prescription only) Supplements containing DHA are not included and will incur a cost to you
• Gonorrhea screening
• Gynecological exam, pelvic and breast exam (one per calendar year)
• Human Papillomavirus (HPV) DNA testing for ages 30 and older
• Preconception care (fertility and infertility care is not covered)
• Thyroid screening (one per calendar year)
• Sexually Transmitted Infection (STI) prevention counseling
• Well-woman preventive care visit, at least annually, beginning in adolescence through lifespan

Additional Preventive care for PREGNANT and/or NURSING WOMEN:
• Bacteriuria urinary tract or other infection (UTI) screening
• Breastfeeding counseling and support for women who are pregnant or have recently given birth
• Breastfeeding equipment and supplies (Hospital-grade breast pump rental for the duration of breastfeeding, or purchase of a commercial grade pump through a participating Durable Medical Equipment (DME) supplier)
• Chlamydia infection screening
• Folic acid supplements (0.4 to 0.8mg) for women of child-bearing age (prescription only) Supplements containing DHA are not included and will incur a cost to you.
• Gestational diabetes screening (one screening per pregnancy)
• Hepatitis B Virus screening
• Human Immunodeficiency Virus (HIV) screening and counseling for all pregnant women; retesting/rescreening during pregnancy based on risk factors
• Low-dose aspirin for women at high risk for preeclampsia (prescription only)
• Prenatal visits and many services necessary for prenatal care
• Rh (D) incompatibility screening

Preventive care for NEWBORNS, CHILDREN and ADOLESCENTS:
• Alcohol misuse screening and counseling
• Anemia (iron deficiency) screening
• Autism screening for children at 18 and 24 months old
• Behavioral assessments
• Blood pressure screening
• Cholesterol screening for children at higher risk of lipid disorders
• Congenital Hypothyroidism screening for newborns
• Contraceptive methods as required by law (Food and Drug Administration-approved), including sterilization procedures, patient education and counseling (abortifacient agents not covered)
• Dental health assessment
• Depression screening
• Developmental screening for children and ongoing surveillance
• Domestic and interpersonal violence screening and counseling, at least annually
• Fluoride supplements for children 0-16 years of age (prescription only)
• Fluoride varnish for children ages 0 to 5 years
• Gonorrhea preventative medication for newborn's eyes
• Hearing screening for newborns
• Height, weight and body mass index measurements
• Hematocrit or Hemoglobin screening
• Hepatitis B Virus screening for non-pregnant adolescents at high risk
• Human Immunodeficiency Virus (HIV) prevention education and risk assessment at least annually throughout the lifespan
• Iron supplements for children ages 6 to 12 months at risk for anemia (prescription only)
• Lead screening for children up to 7 years old
• Obesity and overweight screening and behavioral interventions for children ages 6 to 17 years old
• Phenylketonuria (PKU) screening
• Sexually Transmitted Infection (STI) prevention counseling and screening
• Sickle cell (Hemoglobinopathies) screening for newborns
• Skin cancer behavioral counseling
• Tobacco use screening and cessation interventions
• Tuberculin (TB) testing for children at high risk
• Vision screening
• Well baby/child exams
• Well-woman preventive care visit, at least annually, beginning in adolescence through lifespan

Please note as of January 1, 2017, the following service is no longer considered a preventive care benefit.
• Anemia (iron deficiency) screening for pregnant and/or nursing women
Routine immunizations and shots
Visit the Centers for Disease Control and Prevention website at [CDC.gov](http://www.cdc.gov).

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<tr>
<th>Adults</th>
<th>Children</th>
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<tbody>
<tr>
<td>Hepatitis A</td>
<td>Haemophilus influenzae type B</td>
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<td>Hepatitis B</td>
<td>Hepatitis A</td>
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<tr>
<td>Human papillomavirus</td>
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<td>Influenza</td>
<td>Human papillomavirus</td>
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<tr>
<td>Measles, Mumps, Rubella</td>
<td>Inactivated Poliovirus</td>
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<td>Meningococcal</td>
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<td>Tetanus, Diphtheria, Pertussis</td>
<td>Meningococcal</td>
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<td>Varicella</td>
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<tr>
<td>Zostavax</td>
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For more information
- Review your medical plan benefit summary and or member handbook. Register for and login to your myProvidence account at [myProvidence.com](http://www.myprovidence.com).
- Call Providence Health Plan customer service at **503-574-7500** or **800-878-4445 (TTY: 711)**.
- Talk with your provider.