



# Wellness Benefits

## University of South Alabama



This schedule outlines services and items that the University of South Alabama considers a preventive service under this plan. These services must be performed by a physician in the University of South Alabama Health System provider network or by a dermatologist, endocrinologist, durable medical equipment provider, ancillary service provider, urologist, or rheumatologist provider (as applicable) in the entire VIVA HEALTH network. Many of these services are provided as part of an annual physical. This list does not apply to all VIVA HEALTH plans. Please refer to your Summary Plan Description to determine the terms of your health plan.

### PREVENTIVE SERVICE

### FREQUENCY/LIMITATIONS

<b>Well Baby Visits (Age 0-2)</b> Routine screenings, tests, and immunizations	<b>As recommended per guidelines<sup>1</sup></b> As recommended per guidelines
<b>Well Child Visits (Age 3-17)</b> Routine screenings, tests, & immunizations HIV screening and counseling Obesity screening Hepatitis B virus screening Sexually transmitted infection counseling Skin cancer behavioral counseling (Beginning at age 10)	<b>One per year at PCP<sup>2</sup></b> As recommended per guidelines As recommended per guidelines As recommended per guidelines As recommended per guidelines Annually As recommended per guidelines
<b>Routine Physical (Age 18+)</b> Alcohol misuse screening and counseling Blood pressure screening Cholesterol screening Depression screening Diabetes screening Hepatitis B and C virus screening HIV screening and counseling Obesity screening Sexually transmitted infection counseling Syphilis screening Skin cancer behavioral counseling (Up to age 24)	<b>One per year at PCP</b> Annually Annually As recommended per guidelines Annually As recommended per guidelines As recommended per guidelines As recommended per guidelines As recommended per guidelines Annually As recommended per guidelines As recommended per guidelines
<b>Well Woman Visit (Adolescents &amp; Adults)</b> Pap smear/cervical cancer screening Chlamydia screening Contraception counseling Domestic violence screening and counseling Gonorrhea screening HPV DNA testing Depression Screening	<b>One per year at PCP or OB/GYN</b> Annually As recommended per guidelines Annually Annually As recommended per guidelines Women 30+, every three years Annually
<b>Maternity Care (Pregnant Women)</b> Prenatal and Postpartum Services: <ul style="list-style-type: none"> <li>• Anemia screening</li> <li>• Bacteriuria screening</li> <li>• Chlamydia screening</li> <li>• Depression screening</li> <li>• Gestational diabetes mellitus screening</li> <li>• Gonorrhea screening</li> <li>• Hepatitis B screening</li> <li>• HIV screening</li> <li>• Rh incompatibility screening</li> <li>• Syphilis screening</li> </ul> Breast feeding counseling Breast pump purchase <sup>3</sup> Tobacco counseling	<b>As recommended per guidelines</b> As recommended per guidelines One at 12-16 weeks' gestation One per pregnancy for at-risk women One per pregnancy and one postpartum First prenatal visit if high-risk; after 24 weeks of gestation for all women One per pregnancy for at-risk women First prenatal visit One per pregnancy First prenatal visit for all women; repeated testing at 24-28 weeks' gestation if at-risk One per pregnancy Three per pregnancy One electric pump selected by VIVA HEALTH every 4 years Eight per pregnancy for women who smoke
<b>Contraception (Females)</b> <ul style="list-style-type: none"> <li>• Oral contraceptives<sup>5,6</sup></li> <li>• Implant (Implanon)</li> <li>• Injection (Depo-Provera shot)</li> <li>• I.U.D.</li> <li>• Diaphragm or cervical cap</li> </ul>	Prescription required One every three years; Performed in physician's office One every three months One every three years; Performed in physician's office One per year



### PREVENTIVE SERVICE

#### Contraception (Females), *continued*

- Over the counter contraceptives (Females)<sup>6</sup>
- Sterilization
- Contraceptive patch
- Contraceptive vaginal ring

#### Osteoporosis screening (All women age 65+ and at-risk women of all ages)

#### Screening mammography

#### Prostate Screening (Prostate Specific Antigen (PSA) for males age 40+)

#### BRCA risk assessment and genetic counseling/testing (At-risk women)

#### Colorectal cancer screening (Age 50-75)

- Fecal occult blood testing or
- Sigmoidoscopy or
- Double-contrast barium enema
- Screening colonoscopy

#### Abdominal aortic aneurysm screening (Men age 65-75 w/ smoking history)

#### Lung cancer screening (Very heavy smokers age 55-80)

#### Dental caries prevention (Infants and children from birth through age 5)

#### Routine immunizations<sup>4</sup> (Not travel related); Includes, but not limited to:

- Influenza (Age 6 months-adult)
- HPV (Starting age 11-12)
- Pneumococcal
- Zoster (Shingles) (Age 60+)

#### Diet counseling (Adults with high cholesterol or other risks for heart or diet-related chronic disease)

#### Obesity counseling (Clinically obese children and adults: BMI > 30)

#### Tobacco use counseling and interventions

### PHARMACY BENEFITS<sup>5</sup>

Aspirin to prevent heart disease (Age 45+)

Folic acid supplements (Women 55 & younger)

Iron supplements (12 months & younger)

Oral contraceptives (Females)

Over the counter contraceptives (Females)<sup>6</sup>

Oral fluoride supplements (6 years & younger)

Vitamin D (At-risk 65+)

Tobacco cessation products<sup>7</sup>

Breast Cancer Preventive Drugs (Women)<sup>8</sup>

### FREQUENCY/LIMITATIONS

Prescription required; Quantity limits apply based on method

One procedure per lifetime

Three per month

One per month

As recommended per guidelines

One baseline for females age 35-39. One per year for females age 40+.

One per year

Per medical/family history

One per year

One every 3 years

One every 5 years

One every 10 years

One per lifetime

One per year, as recommended per guidelines

Four per year at physician's office

As recommended by CDC

One per year

Three doses per lifetime

As recommended by PCP

One per lifetime

Three visits per year with PCP

Six visits per lifetime with PCP

Eight visits per year with PCP or specialist

### FREQUENCY/LIMITATIONS

Generic only

Generic only

For babies at risk for anemia

Prescription required

Prescription required

For children whose water source is fluoride deficient

Generic only; for those at increased risk for falls

Up to 12 weeks without Prior Authorization per calendar year for generic Zyban, generic nicotine patch, gum, and lozenge, and nicotine inhaler or nasal spray; up to 24 weeks without Prior Authorization per calendar year for varenicline tartrate (Chantix)

Tamoxifen and raloxifene (generic only)

<sup>1</sup>“As recommended per guidelines” means as recommended by your physician and in accordance with guidelines issued under the Affordable Care Act. <sup>2</sup>PCP means personal care provider or primary care physician and is generally an internist, family practitioner, general practitioner, pediatrician, and sometimes an obstetrician/gynecologist. <sup>3</sup>To order a breast pump, member must be within 30 days of due date or actively breastfeeding. Call MedSouth Medical Supplies at 1-800-423-8677. <sup>4</sup> For a full list of covered immunizations, please visit [www.vivahealth.com](http://www.vivahealth.com) or call VIVA HEALTH Customer Service at 1-800-294-7780 and ask a representative to mail you a copy. <sup>5</sup>Must have prescription coverage through VIVA HEALTH to access this benefit. Prescription required for coverage, even for over-the-counter products. Quantity limits may apply. <sup>6</sup>Exceptions to limits may apply based on medical necessity. <sup>7</sup>Prior Authorization must be obtained in order to access additional courses of treatment covered at 100%. <sup>8</sup>Must complete and return to VIVA HEALTH an exception form to be eligible to receive at \$0 copayment. Go to [www.vivaprovider.com/Resources/Forms.aspx](http://www.vivaprovider.com/Resources/Forms.aspx) to download the form, or call Customer Service.

VIVA HEALTH complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

#### Language Assistance Services:

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-294-7780 (TTY: 711).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-294-7780 (TTY: 711)。