

Understanding your PREVENTIVE HEALTH COVERAGE



Preventive health coverage is one of the most important benefits of your health plan. Getting the right preventive services at the right time can help you stay healthy by preventing diseases or by detecting a health problem at a stage that may be easier to treat.

However, because certain services can be done for preventive or diagnostic reasons, it's also important you understand exactly what preventive care is and which services your health plan covers as preventive services so you don't end up with unexpected out-of-pocket costs.

What is preventive care?

Preventive care services are those provided when you don't have any symptoms of a disease or medical condition and are not already diagnosed with the condition for which the preventive service would be provided. Preventive care helps you to prevent some illnesses, such as the flu, by getting a vaccine against the disease. It also helps to detect illness that is present, but where there aren't any symptoms.

During your visit, your doctor will determine what tests or health screenings are right for you based on your age, gender, personal health history and current health. Even if you're in the best shape of your life, a serious condition with no signs or symptoms may put your health at risk. Through preventive exams and routine health screenings, your doctor can detect early warning signs of more serious problems.

Your plan covers preventive care services. The Patient Protection and Affordable Care Act requires that preventive care services be covered with no patient cost-sharing (deductible, coinsurance or copayment). If your plan has both in-network and out-of-network coverage, the preventive care services are likely covered with no patient cost-sharing only when you receive it from an in-network health care professional. For plans that are exempt or not required to comply with the Act yet, you may be responsible for paying a portion of the cost of preventive care services from in-network and out-of-network health care professionals as applicable.

Non-preventive or diagnostic services/supplies that are provided at the time of a preventive care office visit will be considered under your standard medical coverage. This means you may be required to pay a deductible, copay or coinsurance amount for covered services or supplies that are not preventive.

Please refer to your plan materials for specific details about the coverage and cost-share responsibilities under your plan.

Services and supplies considered as preventive care under your plan are described on the following pages¹.

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Offered by: Connecticut General Life Insurance Company,
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Wellness exams and immunizations

	Birth to 2 years	Ages 3 to 10	Ages 11 to 21	Ages 22 and older
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)	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	Well child exams; once a year	Once a year	Periodic visits, as doctor advises
Diphtheria, Tetanus Toxoids and Acellular Pertussis (DTaP)	2, 4 and 6 months and 15–18 months	Ages 4–6	Tetanus, diphtheria, acellular pertussis (Tdap) given once, ages 11 and older	Tetanus and diphtheria toxoids booster (Td) every 10 years; Tdap given once, ages 11 and older
Haemophilus influenzae type b conjugate (Hib)	2, 4 and 6 months and 12–15 months			
Hepatitis A (HepA)	12–23 months			May be required for persons at risk
Hepatitis B (HepB)	At birth, 1–4 months and 6–18 months	Ages 3–10 if not previously immunized	Ages 11–18 if not previously immunized	May be required for persons at risk
Human papillomavirus (HPV) (gender criteria apply depending on vaccine brand)		Ages 9–10, as doctor advises	Ages 11–12, catch-up, ages 13–26	Catch-up, through age 26
Influenza vaccine	Annually 6 months and older	Annually	Annually	Annually
Measles, mumps and rubella (MMR)	Ages 12–15 months	Ages 4–6	If not already immune	Rubella for women of childbearing age if not immune
Meningococcal (MCV)			All persons ages 11–18	
Pneumococcal (pneumonia)	2, 4 and 6 months and 12–15 months			Ages 65 and older, once (or younger than 65 for those with risk factors)
Poliovirus (IPV)	2 and 4 months and 6–18 months	Ages 4–6		
Rotavirus	Ages 6–32 weeks			
Varicella (chickenpox)	Ages 12–15 months	Ages 4–6	Second dose catch-up or if no evidence of prior immunization or chickenpox	Second dose catch-up or if no evidence of prior immunization or chickenpox
Zoster (shingles)				Ages 60+

Health screenings and interventions

	Birth to 2 years	Ages 3 to 10	Ages 11 to 21	Ages 22 and older
Alcohol misuse				All adults
Aspirin to prevent cardiovascular disease²				Men ages 45–79; women ages 55–79
Autism	18, 24 months			
Cholesterol/lipid disorders	Screening of children and adolescents (after age 2, but by age 10) at risk due to known family history; when family history is unknown; or with personal risk factors (obesity, high blood pressure, diabetes)		Ages 20 and older if risk factors	All men ages 35 and older, or ages 20–35 if risk factors All women ages 45 and older, or ages 20–45 if risk factors
Colon cancer screening				The following tests will be covered for colorectal cancer screening, ages 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

Health screenings and interventions

	Birth to 2 years	Ages 3 to 10	Ages 11 to 21	Ages 22 and older
Congenital hypothyroidism screening	Newborns			
Depression screening			Ages 12–18	All adults
Developmental screening	9, 18 months	30 months		
Developmental surveillance	Newborn 1, 2, 4, 6, 12, 15, 24 months	At each visit	At each visit	
Diabetes screening				Adults with sustained blood pressure greater than 135/80
Dental caries prevention (Evaluate water source for sufficient fluoride; if deficient prescribe oral fluoride) ²	Children older than 6 months	Children older than 6 months		
Oral health evaluation/assess for dental referral	12, 18, 24 months	30 months, 3, 6 years		
Hearing screening (not complete hearing examination)	All newborns by 1 month	4, 5, 6, 8 and 10 or as doctor advises		
Healthy diet/nutrition counseling		Ages 6 and older – to promote improvement in weight status	Ages 6 and older – to promote improvement in weight status	Adults with hyperlipidemia, those at risk for cardiovascular disease or diet-related chronic disease
Hemoglobin or hematocrit	12 months			
HIV screening			Adolescents at risk	Men at risk
Iron supplementation ²	6–12 months for children at risk			
Lead screening	12, 24 months			
Metabolic/hemoglobinopathies (according to state law)	Newborns			
Obesity screening		Ages 6 and older	Ages 6 and older	All adults
PKU screening	Newborns			
Prophylactic ocular (eye) medication to prevent blindness	Newborns			
Prostate cancer screening (PSA)				Men ages 50 and older or age 40 with risk factors
Sexually transmitted infections (STI) screening			All sexually active adolescents	All adults at risk
Sickle cell disease screening	Newborns			
Skin cancer prevention counseling to minimize exposure to ultraviolet radiation		Ages 10–24 years	Ages 10–24 years	Ages 10–24 years
Syphilis screening			Individuals at risk	Adults at risk
Tobacco use/cessation interventions				All adults
Tuberculin test	Children at risk	Children at risk	Adolescents at risk	
Ultrasound aortic abdominal aneurysm screening				Men ages 65–75 who have ever smoked
Vision screening (not complete eye examination)		3, 4, 5, 6, 8 and 10 or as doctor advises	12, 15 and 18 or as doctor advises	

Women's health screenings and interventions¹

Anemia screening	Pregnant women
Bacteriuria screening	Pregnant women
Discussion/referral for counseling related to BRCA1/BRCA2 test	Women at risk
Discussion about potential benefits/risk of breast cancer preventive medication	Women at risk
Breast cancer screening (mammogram)	Women ages 40 and older, every 1–2 years
Breast-feeding support/counseling, supplies ³	During pregnancy and after birth
Cervical cancer screening (pap test)	Ages 21–65, every 3 years
HPV DNA test with pap test	Women ages 30–65 every 5 years
Chlamydia screening	Sexually active women ages 24 and under and older women at risk
Contraception counseling/education. Contraceptive products and services ^{4,5}	Women with reproductive capacity
Counseling on sexually transmitted diseases	Sexually active women, annually
Domestic and interpersonal violence screening	All women
Folic acid supplementation ²	Women planning or capable of pregnancy
Gestational diabetes screening	Pregnant women
Gonorrhea screening	Sexually active women at risk
Hepatitis B screening	Pregnant women
HIV screening and counseling	Sexually active women, annually
Osteoporosis screening	Age 65 or older (or under age 65 for women at risk)
Rh incompatibility test	Pregnant women
Syphilis screening	Pregnant women
Tobacco use/cessation interventions	Pregnant women

Other coverage: Your plan supplements the preventive care services listed above with additional services that are commonly ordered by primary care physicians during preventive care visits. These include services such as urinalysis, EKG, thyroid screening, electrolyte panel, Vitamin D measurement, bilirubin, iron and metabolic panels.



¹ Additional recommendations for women's preventive health services that were released by the Department of Health and Human Services (HHS) will become effective for some plans, as applicable, beginning on or after **August 1, 2012**. For your plan benefit coverage, consult your plan documents.

² Subject to the terms of your plan's pharmacy coverage, certain preventive medications noted above may be covered at 100%. Your doctor will be required to give you a prescription for these medications, including over-the-counter (OTC) medications, for them to be covered under your Pharmacy benefit.

³ Subject to the terms of your plan's preventive care coverage, breast-feeding equipment rental and supplies may be covered at 100%. Your doctor will be required to provide a prescription, and the equipment and supplies must be ordered through CareCentrix, Cigna's national durable medical equipment vendor. Precertification is required for some types of breast pump equipment.

⁴ Subject to the terms of your plan's pharmacy coverage, certain FDA approved contraceptive services for women may be covered at 100%. Examples include oral contraceptives; diaphragms and some types of IUD's; vaginal ring; hormonal injections and contraceptive supplies (spermicide, female condoms); emergency contraception. Cost sharing may be applied for brand name products where generic alternatives are available. Your doctor will be required to give you a prescription for these medications and products, including over-the-counter (OTC) medications and products, for them to be covered under your pharmacy benefit.

⁵ Subject to the terms of your plan's medical coverage, additional contraceptive services such as some types of IUD's, implants and sterilization procedures may be covered at 100%.

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.

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.

Colorado law requires carriers to make available a Colorado Health Benefit Plan Description Form, which is intended to facilitate comparison of health plans. The form must be provided automatically within three (3) business days to a potential policyholder who has expressed interest in a particular plan or who has selected the plan as a finalist from which the ultimate selection will be made. The carrier also must provide the form, upon oral or written request, within three (3) business days, to any person who is interested in coverage under or who is covered by a health benefit plan of the carrier.

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