

PREVENTIVE CARE SCHEDULE

For UniCare State Indemnity Plan/Basic, PLUS
and Community Choice members


Effective July 1, 2019

The Plan covers preventive or routine office visits, physical exams and other related preventive services listed in the table below. Covered preventive services include those services recommended by the U.S. Preventive Services Task Force as part of the Patient Protection and Affordable Care Act (PPACA), the health care reform legislation that was passed in March 2010. Preventive exams are covered according to the schedule issued by Massachusetts Health Quality Partners.

The preventive services listed here are covered at 100% of the allowed amount, subject to the gender, age and limits shown in the table.


Your doctor must submit claims with preventive diagnosis and procedure codes to be covered at 100% as a preventive service. Preventive services don't include services to treat an existing condition. If, during your preventive visit, you get services to treat an existing condition, you may owe member costs for those services.

Please note that the preventive services listed here are not recommended for everyone. You and your doctor should decide what care is appropriate for you.

| Preventive service | Men | Women | Children | Age | How often / limits |
|--|-----|-------|----------|--------------|---|
| Abdominal aortic aneurysm screening | ■ | ■ | | 65-75 | One time |
| Alcohol misuse screening and counseling | ■ | ■ | | | Part of the preventive exam |
| Anemia screening | | ■ | ■ | | Part of the preventive exam |
| Aspirin to prevent cardiovascular disease | ■ | ■ | | | Subject to your prescription drug benefit |
| Blood pressure screening | ■ | ■ | | | Part of the preventive exam |
| Bone density testing – Screening for osteoporosis | | ■ | | 40 and older | Every 2 years |
|  BRCA risk assessment and genetic counseling / testing – For breast cancer | | ■ | | | One time |
| Breast cancer counseling and preventive medications | | ■ | | | Part of the preventive exam |
| Breastfeeding counseling | | ■ | | | Part of the preventive exam |
| Cardiovascular disease prevention – Nutritional and physical activity counseling for high-risk adults | ■ | ■ | | | Part of the preventive exam |

 For the highest benefit, you must get preapproval for this service. See your member handbook for details.

PREVENTIVE CARE SCHEDULE FOR BASIC, PLUS and COMMUNITY CHOICE (continued)

| Preventive service | Men | Women | Children | Age | How often / limits |
|---|-----|-------|----------|--------------|--|
| Chlamydia screening | | ■ | ■ | | Every 12 months |
| Cholesterol screening | ■ | ■ | | | Every 12 months |
| Colorectal cancer screening – Includes colonoscopies, fecal occult blood testing, and other related services and tests Colonoscopies for members under 50 are covered under limited circumstances  Virtual colonoscopies need preapproval | ■ | ■ | | 50 and older | <ul style="list-style-type: none"> ■ Every 5 years (60 months) ■ Every 12 months for fecal occult blood test |
| Depression screening – Includes screening for perinatal depression (during and after pregnancy) | ■ | ■ | ■ | | Part of the preventive exam |
| Developmental and behavioral screening | | | ■ | | Part of the preventive exam |
| Diabetes screenings: <ul style="list-style-type: none"> ■ Type 2 diabetes ■ Gestational diabetes in pregnant women | ■ | ■ | | | Part of the preventive exam |
| Domestic violence screening – For women of childbearing age | | ■ | | | Part of the preventive exam |
| Falls prevention – Vitamin D counseling and/or physical therapy for at-risk community-dwelling adults | ■ | ■ | | 65 and over | Counseling is part of the preventive exam |
| Fluoride supplements – For children, starting at the age of primary tooth eruption | | | ■ | Up to age 5 | |
| Folic acid supplements – To help prevent birth defects | | ■ | | | Subject to your prescription drug benefit |
| Gonorrhea preventive medication – For newborns | | | ■ | | At birth |
| Gonorrhea screening | | ■ | | | Every 12 months |
| Gynecological exams | | ■ | ■ | | Every 12 months |
| Hearing testing – Screening for newborns | | | ■ | | At birth |
| Height, weight and body mass index (BMI) measurements | ■ | ■ | ■ | | Part of the preventive exam |
| Hepatitis B screening | ■ | ■ | ■ | | |
| Hepatitis C screening | ■ | ■ | ■ | | |
| HIV screening – For the virus that causes AIDS | ■ | ■ | ■ | | |
| HPV (human papillomavirus) testing – For cervical cancer | | ■ | | 30 and older | Every 3 years for women with normal cytology results |
| Hypothyroidism screening – For newborns | | | ■ | | At birth |

 For the highest benefit, you must get preapproval for this service. See your member handbook for details.

PREVENTIVE CARE SCHEDULE FOR BASIC, PLUS and COMMUNITY CHOICE (continued)

| Preventive service | Men | Women | Children | Age | How often / limits |
|---|-----|-------|----------|----------------|--|
| Immunizations | ■ | ■ | ■ | | |
| Iron supplements for anemia – For at-risk babies | | | ■ | 6 to 12 months | |
| Lab tests – Other covered screening lab tests for adults: <ul style="list-style-type: none"> ■ Hemoglobin ■ Urinalysis ■ Chemistry profile, including: <ul style="list-style-type: none"> – Complete blood count (CBC) – Glucose – Blood urea nitrogen (BUN) – Creatinine transferase alanine amino (SGPT) – Transferase asparate amino (SGOT) – Thyroid stimulating hormone (TSH) | ■ | ■ | | | Part of the preventive exam |
| Lead exposure screening – For children | | | ■ | | |
| Lung cancer scan – CT lung scan for adults who have smoked | ■ | ■ | | 55-80 years | Every 12 months |
| Mammograms – Screening for breast cancer | | ■ | | 35 and older | <ul style="list-style-type: none"> ■ Once between the ages of 35 and 40 ■ Yearly after age 40 |
| Nutritional counseling – For children at high risk of obesity | | | ■ | | |
| Obesity screening and counseling | ■ | ■ | ■ | | Part of the preventive exam |
| Oral health assessment | | | ■ | | Part of the preventive exam |
| Pap smears – Screening for cervical cancer | | ■ | | | Every 12 months |
| Phenylketonuria (PKU) screening – For newborns | | | ■ | | At birth |
| Preeclampsia screening and prevention – During pregnancy | | ■ | | | Part of the preventive exam |
| Preventive exams – For children up to age 19 | | | ■ | | <ul style="list-style-type: none"> ■ Four exams while the newborn is in the hospital ■ Five exams until 6 months of age; then ■ Every two months until 18 months of age; then ■ Every three months from 18 months of age until 3 years of age; then ■ Every 12 months from 3 years of age until 19 years of age |

PREVENTIVE CARE SCHEDULE FOR BASIC, PLUS and COMMUNITY CHOICE (continued)

| Preventive service | Men | Women | Children | Age | How often / limits |
|---|-----|-------|----------|--------------|--|
| Preventive exams – For adults age 19 and over | ■ | ■ | | | Every 12 months |
| Prostate cancer screening – Digital rectal exam and PSA test | ■ | | | 50 and older | <ul style="list-style-type: none"> ■ Digital exam – Part of the preventive exam ■ PSA test – Every 12 months |
| Rh incompatibility screening – For pregnant women | | ■ | | | |
| Sexually transmitted infections (STI) counseling | ■ | ■ | ■ | | Part of the preventive exam |
| Sickle cell disease screening – For newborns | | | ■ | | At birth |
| Skin cancer behavioral counseling | ■ | ■ | ■ | | Part of the preventive exam |
| Syphilis screening | ■ | ■ | ■ | | |
| Tobacco use counseling and interventions | ■ | ■ | ■ | | <ul style="list-style-type: none"> ■ Counseling – Part of the preventive exam ■ Drugs and deterrents – Subject to your prescription drug benefit |
| Tuberculosis screening | ■ | ■ | | | |
| Urinary tract infections (UTI) screening – During pregnancy (asymptomatic bacteriuria) | | ■ | | | |
| Vision screening | | | ■ | | Part of the preventive exam |

UniCare State Indemnity Plan
 833-663-4176 (TTY: 711)
 contact.us@anthem.com
unicarestatplan.com