

PREVENTIVE CARE SCHEDULE

For UniCare State Indemnity Plan/Medicare Extension 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. 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
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
Chlamydia screening		■	■		Every 12 months

PREVENTIVE CARE SCHEDULE FOR MEDICARE EXTENSION (continued)

Preventive service	Men	Women	Children	Age	How often / limits
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	■	■		50 and older	<ul style="list-style-type: none"> ■ Every 5 years (60 months) ■ Every 12 months for fecal occult blood test
Depression screening – Including 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
Fluoride supplements – For children, starting at the age of primary tooth eruption			■	Up to age 5	
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
Immunizations	■	■	■		
Iron supplements for anemia – For at-risk babies			■	6 to 12 months	

PREVENTIVE CARE SCHEDULE FOR MEDICARE EXTENSION (continued)

Preventive service	Men	Women	Children	Age	How often / limits
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
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 MEDICARE EXTENSION *(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	■	■	■		
Tuberculosis screening	■	■			
Urinary tract infections (UTI) screening – During pregnancy (asymptomatic bacteriuria)		■			
Vision screening			■		Part of the preventive exam

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