The following recommended services will be covered under the preventive benefit when delivered by an in-network provider and as described in the member’s Schedule of Benefits. Non-Grandfathered Health Benefit Plans will cover these services without member cost-sharing; Grandfathered Health Benefit Plans may require member cost-sharing for preventive services.

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>FREQUENCY</th>
<th>RESTRICTION</th>
<th>AGE LIMITS/COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol &amp; Drug Misuse Screening, Assessment &amp; Counseling</td>
<td>1 Per Year</td>
<td></td>
<td>18 and older</td>
</tr>
<tr>
<td>Aortic Aneurysm Screening, Abdominal Ultrasound</td>
<td>Once</td>
<td>Male who has ever smoked</td>
<td>65 to 75 years</td>
</tr>
<tr>
<td>Aspirin to Prevent Cardiovascular Disease and Colorectal Cancer</td>
<td></td>
<td></td>
<td>Low dose aspirin use for adults aged 50 to 59 who have a 10% or &gt; 10 year cardiovascular risk, are not at increased risk of bleeding and willing to take aspirin daily for at least 10 years</td>
</tr>
<tr>
<td>Autism Spectrum Disorder Screening</td>
<td></td>
<td>Young children</td>
<td>18 and 24 months</td>
</tr>
<tr>
<td>Behavioral Assessments</td>
<td></td>
<td>Children</td>
<td>Younger than 18 years</td>
</tr>
<tr>
<td>Blood Pressure Screening</td>
<td></td>
<td></td>
<td>18 and older</td>
</tr>
<tr>
<td>Breast &amp; Ovarian Cancer Susceptibility, Genetic Risk Assessment &amp; BRCA Counseling &amp; Evaluation</td>
<td>1 Per Lifetime</td>
<td>Female with family history of increased risk of the BRCA 1 or 2 gene mutation; <strong>Prior Authorization Required</strong></td>
<td></td>
</tr>
<tr>
<td>Breast Cancer Chemoprevention Counseling</td>
<td></td>
<td>Female at increased risk</td>
<td></td>
</tr>
</tbody>
</table>

Including Services Required by Affordable Care Act Women’s Health (ACAWH)
<table>
<thead>
<tr>
<th>SERVICE</th>
<th>FREQUENCY</th>
<th>RESTRICIONS</th>
<th>AGE LIMITS/COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer Screening, Mammography</td>
<td>• Baseline between 35-39 yrs</td>
<td></td>
<td>35 years &amp; older</td>
</tr>
<tr>
<td></td>
<td>• Every 1 to 2 yrs 40-49 yrs</td>
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<tr>
<td></td>
<td>• 1 every yr age 50 and older</td>
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<td></td>
</tr>
<tr>
<td>Breastfeeding Support, Certain Supplies &amp; Counseling</td>
<td>With Each Birth</td>
<td>All women who are pregnant</td>
<td></td>
</tr>
<tr>
<td>including breastfeeding equipment rentals or purchases.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Cholesterol/Lipid Screening</td>
<td>1 Per Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer Screening:</td>
<td>• Annual high-sensitivity fecal</td>
<td></td>
<td>50 years until 75</td>
</tr>
<tr>
<td>Colonoscopy, Flexible Sigmoidoscopy, Digital Rectal Exam, Air</td>
<td>occult blood test</td>
<td></td>
<td>years (or less than)</td>
</tr>
<tr>
<td>Contrast Barium Enema, CT Colonography</td>
<td>• Sigmoidoscopy every 5 years</td>
<td></td>
<td>50 years of age if</td>
</tr>
<tr>
<td>(requires prior authorization), Guaiac Fecal Occult Blood Test</td>
<td>with high-sensitivity fecal</td>
<td></td>
<td>at high risk for</td>
</tr>
<tr>
<td>(gFOBT), Fecal Immunochemical Test (FIT), or Cologuard</td>
<td>occult blood test every 3 yrs</td>
<td></td>
<td>colorectal cancer</td>
</tr>
<tr>
<td></td>
<td>• Colonoscopy every 10 yrs</td>
<td></td>
<td>according to the</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>current colorectal</td>
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<td></td>
<td></td>
<td></td>
<td>cancer screening</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>guidelines of the</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>American Cancer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Society)</td>
</tr>
<tr>
<td>Contraceptive Methods (FDA Approved) and Counseling</td>
<td>Female</td>
<td>All women of childbearing age</td>
<td></td>
</tr>
<tr>
<td>including: Diaphragm with Generic Oral Contraceptives; Hormonal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patch, Vaginal Ring, and Injection; Implanted Devices; and Sterilization Procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Caries Chemical Prevention: Oral Fluoride Supplementation</td>
<td></td>
<td></td>
<td>Infants and children up to 5 years</td>
</tr>
<tr>
<td>SERVICE</td>
<td>FREQUENCY</td>
<td>RESTRICTION</td>
<td>AGE LIMITS/COMMENTS</td>
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<tr>
<td>Depression Screening</td>
<td>1 Per Year</td>
<td>Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</td>
<td>12 years &amp; older</td>
</tr>
<tr>
<td>Developmental Screening</td>
<td>1 Per Year</td>
<td></td>
<td>Younger than 3 years</td>
</tr>
<tr>
<td>Diabetes Screening (Type II)</td>
<td>1 per 3 years if screen normal. Up to 2 per year if Pre-Diabetic.</td>
<td>Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity</td>
<td>Adults aged 40 to 70 years who are overweight or obese as part of the cardiovascular risk assessment.</td>
</tr>
<tr>
<td>Falls Prevention in Older Adults: Counseling and Preventive Medication</td>
<td>1 Per Year</td>
<td>Exercise or physical therapy and vitamin D medication to prevent falls in a community dwelling</td>
<td>Adults 65 and older who are at risk for increased falls.</td>
</tr>
<tr>
<td>Folic Acid Supplementation (0.4 - 0.8mg Per Day)</td>
<td>1 Per Year</td>
<td>Females planning or capable of pregnancy</td>
<td></td>
</tr>
<tr>
<td>Cervical Cancer Screening/Gynecological Exam, Including Cervical Cytology (PAP test)/Human Papillomavirus (HPV) test</td>
<td>1 Per Year</td>
<td>Female</td>
<td>21 to 65 years old (&gt;65 yrs in those defined as high risk)</td>
</tr>
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</tr>
<tr>
<td>SERVICE</td>
<td>FREQUENCY</td>
<td>RESTRICTION</td>
<td>AGE LIMITS/COMMENTS</td>
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<tr>
<td>Healthy Diet and Physical Activity Counseling</td>
<td>1 Per Year</td>
<td>Adult patients with hyperlipidemia or other known risk factors for cardiovascular &amp; diet-related chronic disease</td>
<td></td>
</tr>
<tr>
<td>Hematocrit or Hemoglobin Screening</td>
<td></td>
<td>Children</td>
<td>1 to 4 years</td>
</tr>
<tr>
<td>Hepatitis B Virus Infection Screening</td>
<td></td>
<td>Persons at high risk of infection</td>
<td></td>
</tr>
<tr>
<td>Hepatitis C Virus Infection Screening</td>
<td></td>
<td>Persons at high risk of infection</td>
<td>One time screening for persons born between 1945 and 1965</td>
</tr>
<tr>
<td>Human Immunodeficiency Virus (HIV) Infection Screening &amp; Counseling</td>
<td></td>
<td></td>
<td>15 - 65 years and other ages at increased risk of infection</td>
</tr>
<tr>
<td>Human Papillomavirus (HPV)</td>
<td>Every 5 years</td>
<td>Female</td>
<td>30 years &amp; older</td>
</tr>
<tr>
<td>Intimate Partner Violence Screening &amp; Counseling</td>
<td>1 Per Year</td>
<td></td>
<td>Women of childbearing age who do not exhibit signs/symptoms of abuse.</td>
</tr>
<tr>
<td>Iron Supplementation</td>
<td></td>
<td>Infants</td>
<td>6 to 12 months at increased risk of anemia</td>
</tr>
<tr>
<td>Lead Screening</td>
<td>1 Per Year</td>
<td>Children at risk of exposure</td>
<td>Younger than 18 years</td>
</tr>
<tr>
<td>Lung Cancer Screening with low-dose computed tomography</td>
<td>1 Per Year</td>
<td>Prior Authorization Required</td>
<td>55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years</td>
</tr>
<tr>
<td>Newborn &amp; Infant Office Visits including Height, Weight and BMI</td>
<td>Per MD</td>
<td></td>
<td>0 to 30 months</td>
</tr>
<tr>
<td>SERVICE</td>
<td>FREQUENCY</td>
<td>RESTRICTION</td>
<td>AGE LIMITS/COMMENTS</td>
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</tr>
<tr>
<td>Newborns: Screening for Hearing Loss, Hemoglobinopathies, Hypothyroidism, PKU, Sickle Cell Disease, Prophylactic Ocular Gonococcal Medication</td>
<td></td>
<td></td>
<td>Newborns</td>
</tr>
<tr>
<td>Obesity Screening &amp; Counseling</td>
<td>1 Per Year</td>
<td></td>
<td>6 years &amp; older</td>
</tr>
<tr>
<td>Osteoporosis Screening (Bone Density Study)</td>
<td>1 Per Year</td>
<td>Female</td>
<td>60 years &amp; older</td>
</tr>
<tr>
<td>Preeclampsia Prevention: Aspirin</td>
<td>Low dose (81mg) of Aspirin a day</td>
<td>Pregnant Females</td>
<td>After 12 weeks gestation for those at high risk for preeclampsia.</td>
</tr>
<tr>
<td>Pregnancy: Screening for Preeclampsia, Bacteriuria, Chlamydia, Folic Acid Supplementation, Gestational Diabetes, Hepatitis B, HIV, Iron Deficiency Anemia, Rh Incompatibility, Syphilis &amp; Tobacco Use Counseling</td>
<td></td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Routine Office Visits</td>
<td>1 Per Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexually Transmitted Disease (STD) Counseling &amp; Screening Including Chlamydia, Gonorrhea, Syphilis</td>
<td>1 Per Year</td>
<td>Increased risk of STD</td>
<td></td>
</tr>
<tr>
<td>SERVICE</td>
<td>FREQUENCY</td>
<td>RESTRICTION</td>
<td>AGE LIMITS/COMMENTS</td>
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<tr>
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</tr>
<tr>
<td>Statin preventive medication: adults ages 40–75 years</td>
<td></td>
<td>Adults without a history of cardiovascular disease (CVD) use low to moderate-dose statins for the prevention of CVD events when the following are met: 1. One or more CVD risk factors. 2. Have a calculated 10-yr risk of CV event of 10% or &gt; 3. Meet age requirement.</td>
<td>Age 40 to 75 years old</td>
</tr>
<tr>
<td>Statin preventive medication: adults ages 40–75 years with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater</td>
<td></td>
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</tr>
<tr>
<td>Sun Exposure &amp; Risk for Skin Cancer Counseling</td>
<td></td>
<td></td>
<td>10 to 24 years</td>
</tr>
<tr>
<td>Syphilis (non-pregnant persons)</td>
<td></td>
<td>Persons at high risk of infection</td>
<td></td>
</tr>
<tr>
<td>Tobacco Use Screening, Prevention &amp; Cessation Counseling &amp; Interventions</td>
<td>1 Per Year</td>
<td></td>
<td>5 years &amp; older</td>
</tr>
<tr>
<td>Tuberculin Testing</td>
<td></td>
<td>Children at increased risk</td>
<td>Younger than 18 years</td>
</tr>
<tr>
<td>Tuberculosis Screening for Latent Infection</td>
<td></td>
<td>Adults at increased risk</td>
<td>18 years and older</td>
</tr>
<tr>
<td>Visual Acuity Screening</td>
<td>1 Per Year</td>
<td>Children</td>
<td>Younger than 18 years</td>
</tr>
<tr>
<td>Well Child Office Visits including Height, Weight and Body Mass Index (BMI) measurements</td>
<td>1 Per Year</td>
<td></td>
<td>36 months to 18 years</td>
</tr>
<tr>
<td>Well Woman Office Visits</td>
<td>1 Per Year</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>IMMUNIZATIONS/VACCINES</td>
<td>RESTRICTION</td>
<td>AGE LIMITS/COMMENTS</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Diphtheria, Tetanus, Pertussis (DTaP)</td>
<td>Minimum age 6 weeks</td>
<td></td>
<td></td>
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<tr>
<td>Haemophilus Influenza Type B (HIB)</td>
<td>Minimum age 6 weeks</td>
<td></td>
<td></td>
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<tr>
<td>Hepatitis A</td>
<td>Minimum age 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Papillomavirus (HPV)</td>
<td>9 to 26 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td>At a MD Office</td>
<td>Covered Vaccines for preventive services will be those recommended by the CDC for the current influenza season. (Minimum age 6 months for inactivated influenza vaccine (IIV); 2 years for live, attenuated influenza vaccine (LAIV) if recommended for the 2017-2018 season)</td>
<td></td>
</tr>
<tr>
<td>Meningococcal</td>
<td>6 weeks Hib-MenCY; 9 months Menactra; 8 weeks Menevo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
<td>Minimum age 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>Minimum age 6 weeks for pneumococcal conjugate vaccine (PCV); 2 years for pneumococcal polysaccharide vaccine (PPSV)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio Vaccine, Inactivated (IPV)</td>
<td>Minimum age 6 weeks</td>
<td></td>
<td></td>
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<tr>
<td>Rotavirus</td>
<td>First dose to be given between 6 weeks &amp; 14 weeks 6 days of age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus</td>
<td>19 years &amp; older</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>Minimum age 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zoster</td>
<td>60 years &amp; older</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The list of Covered Preventive Services includes A and B Recommendations from the U.S. Preventive Services Task Force (USPSTF) provided at [http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/](http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/) and other Preventive Services found on healthcare.gov as required by the Affordable Care Act. Baptist Health Plan may add or remove services based on recommendations of the most current medical literature, the USPSTFand healthcare.gov.

Adolescent & childhood immunizations are covered per 2014 recommended age-appropriate immunization schedules approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, the American Academy of Family Practice, healthfinder.gov and the U.S. Department of Health & Human Services Centers for Disease Control & Prevention.

**Discrimination is Against the Law.**
**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.787.2680 (TTY: 1.844.708.1389).
**Chinese:** 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 1.800.787.2680 (TTY: 1.844.708.1389).