

Routine exams, immunizations and screenings for members age 18 and under

Being your healthy best is a little easier when you focus on prevention. That’s why we encourage members to follow these preventive care guidelines. They are recommended by the U.S. Preventive Services Task Force and are consistent with the Affordable Care Act. These screenings and services are covered at no cost when performed by an in-network provider. If no plan limit is specified, we cover your preventive care during primary doctor visits.

	Gender	Age	Plan limit
Preventive visits			
Pediatric preventive healthcare visits	Both	0 – 1	Six
Pediatric preventive healthcare visits	Both	1 – 4	Seven total
Pediatric preventive healthcare visits	Both	5 – 18	Yearly
Screenings			
Behavioral screenings	Both	All	NA
Developmental screenings	Both	9, 18 and 30 months	NA
Hearing loss in newborns	Both	Under 1	NA
Sickle cell disease in newborns	Both	Under 1	NA
Visual impairment in children	Both	3 – 5	NA
Phenylketonuria (PKU)	Both	All	NA
Assessment for depressive disorder	Both	12 – 18	NA
Obesity screening and counseling	Both	6 and over	NA
HIV, PrEP for persons at high risk	Both	All	NA
HIV screening and counseling	Both	All	NA
Hypothyroidism screening	Both	Under 1	NA
Screening and counseling to prevent sexually transmitted infections	Both	All	NA
Skin cancer behavioral counseling	Both	6 months – 18 years	NA
Tobacco use interventions	Both	All	NA
Immunizations			
Diphtheria, tetanus, pertussis	Both	Under 7 and ages 11 – 18	NA
Influenza	Both	Under 18	NA
Haemophilus influenza type b (HIB)	Both	15 months and under	NA

Preventive services for children

	Gender	Age	Plan limit
Immunizations (continued)			
Hepatitis A	Both	Under 2	NA
Hepatitis B	Both	18 months and under	NA
Human papillomavirus (HPV)	Both	9 – 18	NA
Inactivated polio virus (IPV)	Both	2 months – age 6	NA
Measles, Mumps, Rubella (MMR)	Both	12 months – age 6	NA
Meningococcal	Both	11 – 18	NA
Pneumococcal (PCV)	Both	15 months and under	NA
Rotavirus	Both	6 months and under	NA
Varicella (chickenpox)	Both	12 months – age 6	NA
Supplements			
Oral fluoride with iron	Both	6 – 12 months (or older if at risk)	As prescribed by provider and filled at the pharmacy for approved medications
Fluoride varnish	Both	6 months – 6 years	As prescribed by provider
Women's preventive care			
Asymptomatic bacteriuria	Female	All	Once per pregnancy
FDA-approved generic contraceptives (i.e., oral, injectables or transdermal) are covered at a \$0 copay under your pharmacy or medical benefits.	Female	All	NA
Two female condoms, the FC Condom and Reality Condom, will be covered as over-the-counter (OTC) contraceptive methods under your pharmacy benefit at a \$0 copay when prescribed by a physician.	Female	All	NA
Other contraceptives such as barrier devices (i.e., diaphragm, IUD or cervical cap) will be covered at a \$0 copay because no generics are available. Covered under your pharmacy or medical plan.	Female	All	NA
Plan B (morning after pill) is covered at a \$0 copay when prescribed by a doctor. If you need this medication quickly, a retail pharmacist may call the doctor to obtain the prescription for you.	Female	All	NA
Tubal ligation, also known as sterilization, is covered at no cost. Associated charges such as anesthesia, labs and so on are also covered at no cost. Any applicable exclusion periods continue to apply. Complications of the surgery are subject to standard medical benefits.	Female	All	NA
Well-woman visits. Please refer to the Preventive visits section on page 1.	Female	All	One per year
Breastfeeding support, supplies and counseling are covered at a \$0 copay with no deductible.	Female	All	NA
Lactation support and counseling are covered at no cost per pregnancy from a licensed provider (in a hospital or office).	Female	All	NA
Folic acid screening and supplementation	Female	Capable of pregnancy	NA

➤ Preventive services for children

	Gender	Age	Plan limit
Women's preventive care (continued)			
Screening for gestational diabetes is covered at no cost for pregnant women after 24 weeks of gestation, and during the first prenatal visit for pregnant women at high risk for diabetes.	Female	All	NA
Hepatitis B virus	Female	All	Once per pregnancy or when at risk
Preeclampsia screening and prevention (aspirin)	Female	All	NA
Rh(D) incompatibility	Female	All	NA
Human papillomavirus (HPV) screening is covered at no cost with no age limit.	Female	All	NA
Counseling for sexually transmitted infections is covered at no cost during an annual well-woman visit for sexually active women.	Female	All	NA
Counseling and screening for HIV is covered at no cost during an annual well-woman visit for sexually active women.	Female	All	NA
Counseling and screening for interpersonal and domestic violence is covered at no cost during annual well-woman visits.	Female	All	NA

This list is based on the recommendation of the U.S. Preventive Services Task Force and may change in order to be compliant with the Affordable Care Act. This list is in force for nongrandfathered plans. Some services listed here are covered based on how the provider bills the claim submitted to Moda Health. This list is a summary only. For a complete description of your benefits, please refer to your policy or your Member Handbook.