

PREVENTIVE CARE

The following Preventive Health Care Services **DO NOT** require authorization as outlined herein:

| Preventive Care | |
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| Abdominal Aortic Anuerysm: A one-time screening ultrasound for people at risk (like people who have smoked). Medicare only covers this screening if you get a referral for it as a result of your “Welcome to Medicare” physical exam | Flu Vaccine (once a year in fall winter) |
| Bone Mass Measurements [Dexascan] (every 24 months: more often if medically necessary) | Glaucoma Tests (once every 12 months) indicated for those at high risk for glaucoma |
| Cardiovascular Testing (Electrocardiogram and cardiovascular blood screenings that check your cholesterol and other blood fat (lipid) levels | Hepatitis B Vaccine (Three shots are needed for complete protection) Indicated for those at medium to high risk for Hepatitis B. |
| Colorectal Screening: Fecal Occult Blood Test Once every 12 months if age 50 or older. OR Flexible Sigmoidoscopy Generally, once every 48 months if age 50 or older, for those not at high risk, 120 months after a previous screening colonoscopy OR Screening Colonoscopy Generally once every 120 months (high risk every 24 months), 48 months after a previous flexible sigmoidoscopy. No minimum age. | Medical Nutrition Therapy Services if you have diabetes or kidney disease and your doctor refers you for the service Mammogram (once every 12 months; 40 years and older) Pap & Pelvic Exams screening tests once every 24 months for women at low risk, and once every 12 months for women at high risk and for women of child-bearing age who have had an exam that indicated cancer or other abnormalities in the past three years |
| Colorectal Screening: Barium Enema Once every 48 months if age 50 or older (high risk every 24 months) when used instead of a sigmoidoscopy colonoscopy | Pneumococcal Vaccine Most people only need this preventive shot once in their lifetime |
| Diabetes Screening (Fasting Plasma Glucose Test) member may be eligible for up to two screenings each year *see definition for coverage | Prostate Cancer Screening: Digital Rectal Examination - Once every 12 months Prostate Specific Antigen (PSA) Test - Once every 12 months |
| | Routine Physical Exams |

| Health & Wellness | |
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| Silver Sneakers | Philadelphia and Mid-Atlantic Only |
| YMCA | Senior Partners Silver Only |
| Weight Watcher's | Senior Partners Only |
| Smoke Detectors | Senior Partners Only |
| ForEver Fit | Texas and Pittsburgh Only |
| Health Education Mailings | |
| <p>Smoking Cessation Covered if your doctor orders it. Includes counseling for 2 cessation attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Counseling for each cessation attempt includes up to four face-to-face visits.</p> | |