

# Most plans cover preventive care at 100%—no copay, coinsurance, or deductible.

For services to be covered as preventive, your in-network provider must bill your claim with preventive codes. If your provider finds a condition that needs further testing or treatment, you'll need to pay regular copays, coinsurance, or deductibles.

#### Adult Preventive Services (ages 18 and older)

#### Laboratory tests

- Complete Blood Count (CBC)
- · Prostate Cancer Screening
- (PSA)
- · Diabetes Screening
- · Cholesterol Screening
- · Gonorrhea Screening
- Human Papillomavirus (HPV Testing (once every 3 years for women ages 30 to 65)
- · Chlamydia Screening
- Human Immunodeficiency Virus (HIV) Screening
- · Syphilis Screening
- Tuberculosis (TB) Testing
- Lead Screening
- BRCA 1 & 2 Testin (covered once per lifetime for high-risk individuals who meet criteria)
- Hepatitis B Virus (HBV Screening (covered for high-risk individuals who meet criteria)
- Hepatitis C Virus (HCV Screening (once per lifetime for individuals over age 50)

#### **Procedures**

- Pap Test (once every 3 years for ages 21 and older)
- Lung Cancer Screening (between ages 50 and 80)
- Screening Mammogram (once every 275 days)
- Colonoscopy Colon Cancer Screening (once every five
- years for ages 45 to 75)\*
- Abdominal Aortic Aneurysm Screening (males only, once between ages 65 and 75)
- Bone Density/DEXA (once every two years in women ages 60 and older)
- Certain Sterilization Procedures (such as tubal ligation)

#### **Examinations/Counseling**

- Physical Exam
- Eye Exam\*\*
- Tobacco Use Counseling
- Alcohol Misuse Screening and Counseling

- Annual Hearing Screening (ages 65 and older)
- Glaucoma Screening (once every 12 months)
- Sexually Transmitted Infections Counseling
- Dietary Counseling (5 visits every 12 months; only for certain diet-related chronic diseases)
- · Depression Screening

#### **Immunizations**

- Influenza
- Tetanus or Tetanus, Diphtheria, and Pertussis (Td, Tdap)
- Pneumococcal
- · Hepatitis A & B
- Meningitis
- Zoster (ages 18 and older)
- Human Papillomavirus (HPV (ages 9 to 45)
- Varicella (MMRV)
- · Measles, Mumps,
- Rubella (MMR)

#### Contraception

Most contraceptives are covered as a preventive service under your pharmacy benefit.

- Cervical Cap with Spermicide
- · Diaphragm with Spermicide
- Emergency Contraception (Ella, Plan B)
- Condoms
- Implantable Rod
- IUDs
- Generic Oral Contraceptives (Combined Pill, Progestin Only, or Extended/Continuous Use)
- Patch
- Shot/Injection (Depo-Provera)
- Software Application for Contraception (FDA approved only)
- Spermicide
- · Sponge with Spermicide
- Surgical Sterilization for Women (Tubal Ligation)
- Surgical Sterilization Implant for Women
- · Vaginal Contraceptive Ring

# Pediatric Preventive Services

(Younger than age 18)

#### Procedures/Counseling

- Preventive Well-Child Visit (no limit from birth to age 12; every 275 days from ages 12 to 18)
- Eye Exam
- Depression Screening
- Developmental Testing
- Newborn Hearing Screening (once per lifetime)
- Annual Hearing Screening (ages 21 and younger)
- Application of Fluoride Varnish (younger than age 5)
- Dietary Counseling (5 visits every 12 months; only for certain diet-related chronic diseases)

#### Laboratory tests

- Newborn Metabolic Screening (younger than age 1)
- Human Immunodeficienc Virus (HIV) Screening
- PKU Screening (younger than age 1)
- Thyroid (younger than age 1)
- Sickle Cell Disease Screening (younger than age 1)
- Lead Screenings
- Tuberculosis (TB) Testing
- Hepatitis B Virus (HBV)
   Screening (covered for high-risk individuals who meet criteria)

#### Immunizations

(As recommended by the CDC/ACIP)

- Measles, Mumps, Rubella (MMR)
- Diphtheria, Tetanus, Pertussis (Dtap, DT, DTP)
- Haemophilus influenzae Type B (Hib, DtaP-Hib-IPV, DTP-Hib, Dtap-Hib)
- Polio (OPV, IPV, DtaP-Hep-LPV)
- Influenza
- Pneumococcal
- Hepatitis A
- Hepatitis B
- Meningitis
  Varicella (including MMRV)
- Rotavirus
- Human Papillomavirus (HPV) (ages 9 to 45)
- Respiratory Syncytial Virus (RSV)

### **Obstetrical Preventive Services**

These are specific to pregnant women. To determine which additional non-obstetrical services may be considered preventive, please refer to the Adult or Pediatric Preventive Services lists.

#### **Laboratory Tests**

- Iron Deficiency Anemia Screening
- Diabetes Screening
- Urine Study to Detect
   Asymptomatic Bacteriuria first
   prenatal visit or at 12 to 16 weeks
   qestation)
- Rubella Screening
- Rh(D) Incompatibility Screening
- Hepatitis B Infection Screening (at first prenatal visit)
- Gonorrhea Screening
- Chlamydia Screening
- Syphilis Screening

## Breast-feeding supplies and support

- Breast Pump, Electronic AC or DC (one per pregnancy)
- Lactation Class (one per pregnancy)

#### Questions?

Call Customer Service at 800-662-5851.

This information is subject to change and additional limitations may apply. This list is not allencompassing. To verify the eligibility of a service or supply, call Customer Service.

<sup>\*</sup>If a colonoscopy is received post Cologuard, the test will no longer be covered as preventive.

#### Disclaimer

This list includes preventive services generally covered under the Affordable Care Act (ACA). Coverage may vary based on your specific EMI Health plan, eligibility, provider network, and applicable state or federal regulations. Not all services may be covered in full or available at all provider locations. Always check your plan details or contact EMI Health Member Services to confirm coverage before receiving care.

#### **Nondiscrimination Notice**

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We offer free services to help you communicate with us, including:

- Aids and services for people with disabilities (such as qualified sign language interpreters and accessible materials in formats like large print or audio)
- Language assistance for people whose primary language is not English (including interpreters and translated member materials)

Need Help?

Call EMI Health Member Services at 800-662-5851 (TTY: 711)