

PREVENTIVE CARE SCHEDULE

For Total Choice, PLUS, and Community Choice members


Effective July 1, 2023

The Plan covers preventive or routine office visits, physical exams, and other related preventive services listed in the table below. Covered preventive services include those services recommended by the U.S. Preventive Services Task Force (USPSTF) as part of the Patient Protection and Affordable Care Act (PPACA), the health care reform legislation that was passed in March 2010. 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. The list also shows gender, age, and frequency recommendations.


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	Recommendations			
	Males	Females	Age	How often?
Abdominal aortic aneurysm screening	■	■	65 and older	One time
Alcohol misuse screening and counseling	■	■		Part of the preventive exam
Anemia screening		■		Part of the preventive exam
Anxiety screening	■	■	8 to 18 years	Part of the preventive exam for children and adolescents
Aspirin to prevent cardiovascular disease and colorectal cancer	■	■		Subject to your prescription drug benefit
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

 For the highest benefit, this service must be preapproved. See your member handbook for details.

PREVENTIVE CARE SCHEDULE FOR TOTAL CHOICE, PLUS, and COMMUNITY CHOICE (continued)

Preventive service	Recommendations			
	Males	Females	Age	How often?
Cardiovascular disease prevention – Nutritional and physical activity counseling	■	■		For high-risk adults; part of the preventive exam
Chlamydia screening		■		Every 12 months
Cholesterol screening	■	■		Every 12 months
Colorectal cancer screening – Includes colonoscopies, fecal occult blood testing, and other related services and tests Colonoscopies for members under 45 are covered under limited circumstances  Virtual colonoscopies need preapproval	■	■	45 and older	<ul style="list-style-type: none"> ■ Every 5 years (60 months) ■ Every 12 months for fecal occult blood test
Depression screening – Includes screening for perinatal depression (during and after pregnancy)	■	■		Part of the preventive exam
Developmental and behavioral screening	■	■		Part of the preventive exam for children
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
Drug use screening	■	■		Part of the preventive exam
Falls prevention – Vitamin D counseling and/or physical therapy	■	■	65 and over	For at-risk community-dwelling adults; counseling is part of the preventive exam
Fluoride supplements – Starting at the age of primary tooth eruption	■	■	Up to age 5	
Folic acid supplements – To help prevent birth defects		■		Subject to your prescription drug benefit
Gonorrhea preventive medication	■	■	At birth	For newborns
Gonorrhea screening		■		Every 12 months
Gynecological exams		■		Every 12 months
Hearing screening	■	■	At birth	For newborns
Height, weight and body mass index (BMI) measurements	■	■		Part of the preventive exam
Hepatitis B screening	■	■		
Hepatitis C screening	■	■		

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PREVENTIVE CARE SCHEDULE FOR TOTAL CHOICE, PLUS, and COMMUNITY CHOICE (continued)

Preventive service	Recommendations			
	Males	Females	Age	How often?
HIV Pre-Exposure Prophylaxis (PrEP) – Includes medications, testing, monitoring, and adherence counseling	■	■		Medications subject to your prescription drug benefit
HIV screening – For the virus that causes AIDS	■	■		
HPV (human papillomavirus) testing – For cervical cancer		■	30 and older	Every 5 years for women with normal cytology results
Hypothyroidism screening	■	■	At birth	For newborns
Immunizations	■	■		
Iron supplements for anemia	■	■	6 to 12 months	For at-risk babies
Lab tests – Other covered screening lab tests: <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	■	■	50-80 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 for children
Pap smears – Screening for cervical cancer		■		Every 12 months
Phenylketonuria (PKU) screening	■	■	At birth	For newborns
Preeclampsia screening and prevention		■		During pregnancy; part of the preventive exam

PREVENTIVE CARE SCHEDULE FOR TOTAL CHOICE, PLUS, and COMMUNITY CHOICE (continued)

Preventive service	Recommendations			
	Males	Females	Age	How often?
Preventive exams (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 exams (adults)	■	■	19 and older	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	■	■	At birth	For newborns
Skin cancer behavioral counseling	■	■		Part of the preventive exam
Syphilis screening	■	■		
Tobacco use counseling and interventions	■	■		<ul style="list-style-type: none"> ■ Counseling – Part of the preventive exam ■ Drugs and deterrents – Subject to your prescription drug benefit
Tuberculosis screening	■	■		
Urinary tract infections (UTI) screening – Asymptomatic bacteriuria		■		During pregnancy
Vision screening	■	■		Part of the preventive exam for children
Vision screening (instrument-based)	■	■	3-5 years	