

Using your preventive benefits

Adults

Suggested Preventive Care Services

Your LifeWise Assurance Company plan covers in-network preventive care in full (please review your plan booklet for in-network definition). So, go ahead and use your preventive benefits. They're a good way to maintain and even improve your health.

When the listed screenings, tests, and services are billed by your doctor as routine preventive services, your plan covers them in full. You'll get the most value from these benefits by choosing an in-network doctor. It is also a good idea to bring this list to your exam so your doctor is aware of your coverage.

For more specific information about your coverage and guidelines, see the back of this brochure.

PREVENTIVE SERVICES

- Wellness exams for ages 18 and over
- Abdominal aortic aneurysm (one-time screening for men of specified ages who have ever smoked)
- Alcohol misuse screening and counseling
- Unhealthy drug use screening for ages 18 and older. Screening refers to asking questions about unhealthy drug use, not testing biological specimens
- Blood pressure screening
- Breast cancer (screening mammography)
- Cholesterol screening (for adults of certain ages or those at higher risk)
- Colorectal cancer screenings starting at age 50 through age 75; sooner than age 50 for those at higher risk of colon cancer. Colorectal screening options include:
 - Home tests: Fecal occult blood (FOBT), fecal immunochemical (FIT) and stool DNA (Cologuard¹)
 - Doctor's office: Sigmoidoscopy
 - Outpatient hospital, ambulatory surgical center: Colonoscopy (If your doctor recommends a screening colonoscopy, costs for related services such as pre-colonoscopy consultation, anesthesia your doctor considers medically appropriate for you, removal of polyps, and pathology are included.)
- Diabetes screening (Type 2)
- Fall prevention for ages 65 and older
- Healthy eating assessment and dietary counseling
- Hepatitis B screening for those at higher risk
- Hepatitis C screening for those at higher risk
- HIV (human immunodeficiency virus) screening for all adults at higher risk
- HIV Preexposure Prophylaxis (PrEP) Therapy (Certain HIV PrEP medication is covered at no cost when used as a preventive measure for those identified as high risk for HIV infection²)
- Latent tuberculosis infection screening for those at higher risk
- Lung cancer screening for ages 50 to 80 who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years³
- Obesity screening and counseling for weight loss
- Prostate cancer screening (PSA blood test)
- Sexually transmitted infection (STI) counseling for those at higher risk
- Syphilis testing for those at higher risk
- Tobacco use screening and interventions

¹ Cologuard services may be subject to additional out-of-pocket expense.

² For additional coverage, including the effective date of coverage for PrEP at no cost under your health plan, please call Member Services.

³ Prior authorization (a preapproval from your health plan) is required.

Adults

Suggested Preventive Care Services

MEDICATIONS AND SUPPLEMENTS

- Aspirin — over-the-counter, aspirin-only products, for those at risk due to heart conditions or for pregnant women who are at high risk for preeclampsia (75–325 mg)
- Birth control pills — generic, single-source brand, and multi-source brand including emergency contraception
- Folic acid — over the counter for women only who are pregnant or are considering pregnancy; strength 0.4–0.8 mg¹
- HIV Pre-HIV Preexposure Prophylaxis (PrEP) drug coverage - Truvada, Descovy²
- Pre-colonoscopy cleansing preparations — prescription generic and single-source brand for those between ages of 50 and 75; fill limit of 2 every 365 days. (Over-the-counter drugs are not covered.)¹
- Statins for prevention of cardiovascular diseases; generic low- to moderate-dose statins for males and females between ages of 40 and 75
- Tobacco cessation — prescription only for bupropion (generic Zyban), Chantix, NRT (nicotine replacement therapy) nasal spray, or NRT inhaler¹

VACCINATIONS

- Chicken pox (Varicella)
- Ebola (Ervebo)
- Flu (Influenza)
- Hib (Haemophilus influenzae type B)
- Hepatitis A
- Hepatitis B
- HPV (Human papillomavirus)
- IPV (Inactivated polio virus)
- Meningitis (Meningococcal)
- MMR (Measles, mumps, rubella)
- Pneumonia (Pneumococcal)
- Rotavirus
- Shingles (Herpes zoster)
- Td (Diphtheria toxoids)
- Tdap (Tetanus, diphtheria, pertussis)

Women: Additional Preventive Coverage

ADDITIONAL COVERED PREVENTIVE SERVICES

- BRCA genetic counseling for breast and ovarian cancer
- BRCA genetic testing for breast and ovarian cancer. Contact Premera for a prior authorization review to see if coverage is approved
- Bone density (osteoporosis) screening
- Breast cancer preventive medications (raloxifene, Soltamox, tamoxifen, or aromatase inhibitors) for women at higher risk
- Breast cancer screening (mammography)
- Cervical cancer screening
Ages 21 to 65: Cytology (pap test) every 3 years
Ages 30 to 65 who want to lengthen the screening interval, human papilloma virus (HPV) screening alone or in combination with cytology every 5 years
- Chlamydia infection screening
- Domestic violence screening and counseling
- Gonorrhea screening (for women at higher risk)
- HPV (human papillomavirus) screening test
- Over-the-counter birth control, such as female condoms and sponges, with a written prescription. Please see benefit booklet for additional coverage detail
- Perinatal/Postpartum depression: Counseling interventions for those at higher risk
- Sterilization
- Visits for birth control devices, such as IUDs and family planning

Pregnant Women

ADDITIONAL COVERED PREVENTIVE SERVICES

- Anemia screening
- Bacteriuria urinary tract infection screening
- Breast-feeding interventions (to support and promote breast-feeding before and after childbirth)
- Breast pumps
- Gestational diabetes screening
- Hepatitis B infection screening
- Rh (antibody) incompatibility testing
- Syphilis testing

¹ Requires a written prescription

Please also see Medications and Supplements section above for covered drugs.

² For additional coverage, including the effective date of coverage for PrEP at no cost under your health plan, please call Member Services.

Children and Teens

Suggested preventive care services

For children under age 18, routine exams, vaccinations, and screenings listed below are covered in full when received from a doctor in your plan's network.

WELL CHILDREN AND TEENS

- Well-baby exam — from birth to 3 years
- Well-child exam — ages 4 to 18
- Anemia screening
- Annual alcohol and drug use screening
- Autism screening
- Behavioral issues
- Bilirubin screening for newborns through the 28th day
- Cervical dysplasia (for sexually active females)
- Congenital hypothyroidism (lack of thyroid secretions)
- Depression screening
- Developmental screening
- Hearing screening
- Height, weight, and body mass (BMI)
- Hemoglobinopathies or sickle cell anemia and trait (for newborns)
- Hepatitis B screening for those at higher risk
- HIV (human immunodeficiency virus) screening (for those at risk)
- HIV Preexposure Prophylaxis (PrEP) Therapy (Certain HIV PrEP medication is covered at no cost when used as a preventive measure for those identified as high risk for HIV infection ¹)
- Lead screening (for children at risk of exposure)
- Lipid disorders (cholesterol and triglycerides)
- Obesity screening and counseling for weight loss
- Oral health risk assessment (completed during routine physical exam)
- PKU (phenylketonuria inherited metabolic deficiency, newborns)
- Sexually transmitted infection (STI) prevention counseling
- Tuberculin (TB)
- Vision screening

VACCINATIONS

- Chicken pox (Varicella)
- DTap (Diphtheria, tetanus, pertussis)
- DTaP-IPV-Hib-HepB (Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b, hepatitis B)
- Flu (Influenza)
- Hib (Haemophilus influenzae type b)
- Hepatitis A
- Hepatitis B
- HPV (Human papillomavirus)
- IPV (Inactivated polio virus)
- Meningitis (Meningococcal)
- MMR (Measles, mumps, rubella)
- Pneumonia (Pneumococcal)
- Rotavirus
- Tdap (Tetanus, diphtheria, pertussis)

MEDICATIONS AND SUPPLEMENTS

- Fluoride — up to age 18. Generic only — 0.25 mg, 0.5 mg, 1 mg only; no combinations. Requires a written prescription.
- Iron supplements — over-the-counter, liquid form only, children up to 12 months old
- HIV Pre-HIV Preexposure Prophylaxis (PrEP) drug coverage — Truvada, Descovy ¹

¹ For additional coverage details, including the effective date of coverage for PrEP at no cost under your health plan, please call Member Services.

Helpful Tips

When tests or screenings are not preventive

Your preventive benefits offer full coverage for many tests, screenings, and vaccinations. During your preventive exam, your doctor may find an issue or problem that requires further testing or screening for a proper diagnosis to be made. Also, if you have a chronic disease, your doctor may check your condition with tests. These types of screenings and tests help to diagnose or monitor your illness. These diagnostic tests are not covered by your preventive benefits and often require you to pay a greater share of the costs.

Anesthesia for preventive colonoscopies

If you are ready to schedule a preventive colonoscopy, you should know how your anesthesia for this screening will be covered. Conscious sedation, a type of anesthesia, is covered by your health plan as part of the colonoscopy screening. However, general anesthesia may not be covered.

This means that if your doctor uses general anesthesia, you could receive a separate bill for your screening. So you should talk with your doctor before your colonoscopy to see if conscious sedation is right for you.

About facility fees

Some medical clinics charge a separate facility fee for all doctor visits, including preventive care visits. These facility fees are not covered by your preventive benefits, so they may result in an added out-of-pocket cost to you—even if the doctor is in our network. When making an appointment, always ask if your doctor's office charges a facility fee. You can get the most value from your medical benefits if you choose an in-network doctor who practices at a medical center that does not charge a facility fee.

These services are based on guidelines required under state or federal law. The guidelines are changed from time to time and come from:

- Services that the U.S. Preventive Services Task Force has given an A or B rating
- Vaccinations that the Centers for Disease Control and Prevention recommends
- Screening and other care for women, babies, children, and teens that the Health Resources and Services Administration recommends
- Services that meet legal requirements in Washington state

This is a summary only. For more specific information, go to this government website:

healthcare.gov/coverage/preventive-care-benefits/

See our preventive care medical policy at <https://www.lifewisewa.com/medicalpolicies/10.01.523.pdf>

Discrimination is Against the Law

LifeWise Assurance Company (LifeWise) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. LifeWise does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). LifeWise provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that LifeWise has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator – Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-6396, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@LifeWiseHealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-971-1491 (TTY: 711).

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 800-971-1491 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-971-1491 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-971-1491 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-971-1491 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-971-1491 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-971-1491 (телетайп: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 800-971-1491 (TTY: 711)។

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。800-971-1491 (TTY:711) まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 800-971-1491 (መስማት ለተሳናቸው: 711)።

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajjila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-971-1491 (TTY: 711).
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-971-1491 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-971-1491 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: 800-971-1491 (TTY: 711).

ໂປດອຸບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-971-1491 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-971-1491 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-971-1491 (ATS : 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-971-1491 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-971-1491 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-971-1491 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-971-1491 (TTY: 711) تماس بگیرید.