

Using your preventive benefits

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.

Adults

Suggested preventive care services

PREVENTIVE SERVICES

- **Wellness exams**
- **Abdominal aortic aneurysm** (one-time screening for men of specified ages who have ever smoked)
- **Alcohol use disorder screening and counseling**
- **Unhealthy drug use screening.** Screening refers to asking questions about unhealthy drug use, not testing biological specimens.
- **Blood pressure screening**
- **Breast cancer screening:** screening mammography
- **Cholesterol test:** for adults of certain ages or those at higher risk
- **Colorectal cancer screenings** starting at age 45 through age 75; sooner than age 45 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.) Follow-up colonoscopy following a positive home test.
- **Depression screening**
- **Diabetes Type 2 and prediabetes screening**
- **Domestic violence screening and counseling**
- **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 increased risk
- **HIV pre-exposure prophylaxis (PrEP) therapy:** certain HIV PrEP tests, screening, counseling, and medication are covered at no cost when used as a preventive measure for those receiving or being evaluated for HIV PrEP drug coverage. These include:
 - HIV and sexually transmitted infection (STI) testing
 - Hepatitis B and C testing
 - Creatinine testing and calculated estimated creatinine clearance (eCrCl) or glomerular filtration rate (eGFR)
 - Pregnancy testing
 - STI screening and counseling
 - Adherence counseling
 - See the Medications and supplements section for drug coverage
- **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 years²
- **Nicotene dependency screening and counseling** for quitting smoking or chewing tobacco
- **Obesity screening and counseling** for weight loss
- **Prostate cancer screening:** prostate-specific antigen (PSA) blood test
- **Sexually transmitted infection (STI) counseling** for those at higher risk
- **Syphilis testing** for those at higher risk

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

² Prior authorization (a preapproval from your health plan) is required. Contact customer service.

Adults

Suggested preventive care services, continued

MEDICATIONS AND SUPPLEMENTS¹

- **Aspirin:** over-the-counter, aspirin-only products for pregnant women who are at high risk for preeclampsia; (81 mg/day) Requires a written prescription
- **Birth control pills:** generic, single-source brand and multi-source brand including emergency contraception. Over-the-counter birth control (for example: condoms and sponges) does not require a written prescription. Certain birth control contraception mobile apps are also covered.
- **Folic acid:** over the counter for those who are pregnant or are considering pregnancy; strength 0.4–0.8 mg¹
- **HIV pre-exposure Prophylaxis (PrEP) drug coverage:** Descovy, emtricitabine-tenofovir (200 mg–300 mg), Truvada (200 mg–300 mg)
- **Pre-colonoscopy cleansing preparations:** prescription generic and single-source brand for those between ages of 45 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:** over-the-counter generic patches, lozenges, and gum; 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 influenza type b)**
- **Hepatitis A**
- **Hepatitis B**
- **HPV (Human papillomavirus)**
- **Meningitis (Meningococcal)**
- **MMR (Measles, mumps, rubella)**
- **Pneumonia (Pneumococcal)**
- **Rotavirus**
- **Shingles (Herpes zoster)**
- **Td (Diphtheria toxoids)**
- **Tdap (Tetanus, diphtheria, pertussis)**

Recommended age and frequency varies. Talk with your provider about tests, screenings, and vaccinations that are right for you.

Women

ADDITIONAL COVERED PREVENTIVE SERVICES

- **Birth control, contraception, and family planning:** visits for birth control devices and family planning; generic, single-source brand and multi-source brand oral contraceptives (including emergency contraception), cervical caps, patches, diaphragms, insertion or removal of IUD (intrauterine device), contraceptive implants, and injectable contraception. Requires a written prescription. Over-the-counter birth control (for example: condoms and sponges) does not require a written prescription. Certain birth control contraception mobile apps are also covered. See benefit booklet for additional coverage detail.
- **Bone density (osteoporosis) screening**
- **Breast and ovarian cancer (BRCA) genetic counseling and testing:** prior authorization for testing required; please contact LifeWise customer service to see if coverage is approved.
- **Breast cancer (chemoprevention) counseling** for women at higher risk
- **Breast cancer preventive medications** for those at higher risk – raloxifene, Soltamox, tamoxifen, or aromatase inhibitors
- **Breast cancer screening:** screening mammography
- **Cervical cancer screening**
 - Ages 21 to 65: cytology (pap test) every 3 years
 - Ages 30 to 65 cytology every 5 years for those who want to lengthen the screening interval in combination with human papillomavirus (HPV) screening
- **Chlamydia infection screening**
- **Domestic violence screening and counseling**
- **Gonorrhea screening:** for those at higher risk
- **HPV (human papillomavirus) screening test**
- **Perinatal/postpartum depression:** counseling interventions for those at higher risk
- **Sterilization for women**

Pregnant Women

ADDITIONAL COVERED PREVENTIVE SERVICES

- **Anemia screening**
- **Bacteriuria urinary tract infection screening**
- **Breastfeeding interventions:** ongoing promotion of breastfeeding and support of breastfeeding after childbirth
- **Breast pumps and supplies** (single or double styles)
- **Chlamydia and gonorrhea screening**
- **Gestational diabetes screening**
- **Hepatitis B infection screening**
- **Pre-pregnancy, prenatal, and postpartum visits**
- **Rh (antibody) incompatibility testing**
- **Syphilis testing**

¹ Requires a written prescription

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

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
- **BMI:** height, weight, and body mass
- **Cervical dysplasia:** for sexually active females
- **Depression screening**
- **Developmental screening**
- **Domestic violence screening and counseling**
- **Hearing screening**
- **Hepatitis B screening** for those at higher risk
- **HIV infection screening** for individuals age 15 or older or those at increased risk
- **HIV pre-exposure prophylaxis (PrEP) therapy:** certain HIV PrEP tests, screening, counseling, and medication are covered at no cost when used as a preventive measure for those receiving or being evaluated for HIV PrEP drug coverage. These include:
 - HIV and sexually transmitted infection (STI) testing
 - Hepatitis B and C testing
 - Creatinine testing and calculated estimated creatinine clearance (eCrCl) or glomerular filtration rate (eGFR)
 - Pregnancy testing
 - STI screening and counseling
 - Adherence counseling
 - See the Medications and supplements section for drug coverage
- **Hypothyroidism:** congenital; lack of thyroid secretions
- **Lead screening** for children at risk of exposure
- **Lipid disorders** pertaining to cholesterol and triglycerides
- **Metabolic screening for newborns (such as PKU):** phenylketonuria is an inherited metabolic deficiency
- **Obesity screening and counseling** for weight loss
- **Oral health risk assessment and fluoride varnish to primary teeth:** completed during routine physical exam
- **Sexually transmitted infection (STI) prevention counseling**
- **Sickle cell anemia and trait for newborns:** hemoglobinopathies
- **Tuberculin (TB) testing**
- **Vision screening**

VACCINATIONS

- **Chicken pox** (Varicella)
- **DTap** (Diphtheria, tetanus, pertussis)
- **DTaP-IPV-Hib-HepB** (Diphtheria, tetanus, pertussis, polio, Haemophilus influenza type b, hepatitis B)
- **Flu** (Influenza)
- **Hib** (Haemophilus influenza 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; for children up to 12 months old.
- **HIV pre-exposure prophylaxis (PrEP) drug coverage:** Descovy, emtricitabine-tenofovir (200 mg–300 mg), Truvada (200 mg–300 mg)

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 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: lifewisewa.com/medicalpolicies/10.01.523.pdf

Discrimination is Against the Law

LifeWise Assurance Company (LifeWise) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. 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, sex, gender identity, or sexual orientation, 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>. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>.

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: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ 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 ሊያገዝዎት 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: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າສ່ຽງຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-971-1491 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sévis 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: Jezeli 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).

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