

### Preventive care coverage at no extra cost

Get many checkups, screenings, vaccines, prenatal care services, contraceptives and more with no out-of-pocket costs.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).



# You're covered

Preventive care services\* are covered at no extra cost through your health benefits and insurance plan when you see a physician or provider in your plan's network.

### We've got you covered with no cost share\*\*

Coverage includes routine screenings and checkups, as well as some counseling to prevent illness, disease and other health problems.

Many of these services are covered as part of physical exams. You won't have to pay out of pocket for these preventive visits when they are provided in network. They include:



Regular checkups for adults



Routine gynecological exams for women



Wellness exams for children

These services are generally not preventive if you get them as part of your visit to diagnose, monitor or treat an illness or injury. In these cases, copays, coinsurance and deductibles may apply.

Aetna follows preventive recommendations as determined by the U.S. Preventive Services Task Force, Centers for Disease Control and Prevention and other advisory committees. Screenings, services and other covered preventive services can vary by age, gender and other factors. Be sure to talk with your doctor about which services are right for you.

<sup>\*</sup>Employers with grandfathered plans may choose not to cover some of these preventive services or to include cost share (deductible, copay or coinsurance) for preventive care services. Certain religious employers and organizations may choose not to cover contraceptive services as part of the group health coverage.

<sup>\*\*</sup>Preventive care at no cost share covered in accordance with the Affordable Care Act.



# Covered preventive services for adults commonly include:

#### **Screenings for:**

- Abdominal aortic aneurysm (one-time screening for men of specified ages who have ever smoked)
- Alcohol misuse
- Cholesterol (for adults of certain ages or at higher risk)
- Colorectal cancer\*
- Depression
- · Diabetes
- · Hepatitis B surface antigen

- High blood pressure
- Human immunodeficiency virus (HIV)
- Lung cancer\* (for adults with a history of smoking)
- Obesity
- · Prostate cancer\*
- Syphilis (for all adults at higher risk)
- · Tobacco use
- · Tuberculosis (TB) testing

#### **Medicine and supplements**

Doses, recommended ages and recommended populations vary.

- Aspirin for women at risk of preeclampsia and adults ages 50 69 with certain heart risk factors\*
- Bowel preparation medication (for preventive colorectal cancer screening)
- · Low-dosage statins: dependent on cardiovascular disease (CVD) and risk factors
- Tobacco-cessation medicine approved by the U.S. Food and Drug Administration (FDA), including over-the- counter medicine when prescribed by a health care provider and filled at a participating pharmacy

#### **Counseling for:**

- Alcohol misuse
- Domestic violence
- Nutrition (for adults with cardiovascular and diet-related chronic disease)
- Obesity

- Sexually transmitted infection (STI) prevention (for adults at higher risk)
- Tobacco use (including programs to help you stop using tobacco)

#### **Immunizations**

Doses, recommended ages and recommended populations vary.

- · Hepatitis A and B
- · Herpes zoster
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps, rubella (MMR)

- Meningococcal (meningitis)
- · Pneumococcal (pneumonia)
- · Tetanus, diphtheria, pertussis (Tdap)
- Varicella (chickenpox)

<sup>\*</sup>Subject to age restrictions.



## Covered preventive services for women commonly include:

#### Screenings and counseling for:

- Breast cancer chemoprevention if you're at a higher risk
- Breast cancer (BRCA) gene counseling and genetic testing if you're at high risk with no personal history of breast and/or ovarian cancer
- Breast cancer mammography\*

- · Cervical cancer\*
- Chlamydia infection\*
- Gonorrhea
- Interpersonal or domestic violence
- Osteoporosis\* (depending on risk factors)

#### Medicine and supplements:

- Folic acid supplements (for women of childbearing ages)
- Risk-reducing medicine, such as tamoxifen and raloxifene, for women with an increased risk for breast cancer\*

#### Counseling and services\*\*:

- Prescribed FDA-approved over-the-counter or generic female contraceptives\*\*\* when filled at a network pharmacy
- Two visits a year for patient education and counseling on contraceptives
- Voluntary sterilization services

#### **Covered preventive services for pregnant women:**

- Anemia screenings
- · Bacteriuria, urinary tract or other infection screenings
- Breastfeeding interventions to support and promote breastfeeding after delivery, including up to six visits with a lactation consultant<sup>†</sup>
- · Diabetes screenings
- Expanded counseling on tobacco use

- Hepatitis B counseling (at the first prenatal visit)
- · Maternal depression screening
- Rh incompatibility screening, with follow-up testing for women at higher risk
- Routine prenatal visits (you pay your normal cost share for delivery, postpartum care, ultrasounds, or other maternity procedures, specialist visits and certain lab tests)

#### **Covered preventive supplies for pregnant women:**

- · Breast pump supplies if you get pregnant again before you are eligible for a new pump
- Certain standard electric breastfeeding pumps (nonhospital grade) anytime during pregnancy or while you are breastfeeding, once every three years
- · Manual breast pump anytime during pregnancy or after delivery for the duration of breastfeeding

<sup>\*</sup>Subject to age restrictions.

<sup>\*\*</sup>Certain eligible religious employers and organizations may choose not to cover contraceptive services as part of the group health coverage.

<sup>\*\*\*</sup>Brand-name contraceptive drugs, methods or devices are only covered with no member cost sharing under certain limited circumstances, including when required by your doctor due to medical necessity.

†Limits may vary depending upon state requirements and applicability.



### Covered preventive services for children commonly include:

#### Screening and assessments\* for:

- · Adolescent depression screening
- · Alcohol and drug use
- Anemia
- Attention deficit disorder (ADD)
- Autism
- Behavioral and psychological issues
- Congenital hypothyroidism
- · Development
- Hearing
- · Height, weight and body mass index
- Hematocrit or hemoglobin
- · Hemoglobinopathies or sickle cell

- · Hepatitis B
- · HIV
- · Lead (for children at risk for exposure)
- Lipid disorders (dyslipidemia screening for children at higher risk)
- Medical history
- · Newborn blood screenings
- Obesity
- · Oral health (risk assessment)
- STIs
- TB testing
- Vision

#### Medicine and supplements:

- · Gonorrhea preventive medicine for the eyes of all newborns
- Oral fluoride for children\* (prescription supplements for children without fluoride in their water source)
- Topical application of fluoride varnish by primary care providers

#### **Counseling for:**

- Obesity
- STI prevention (for adolescents at higher risk)

#### **Immunizations**

From birth to age 18 — doses, recommended ages and recommended populations vary.

- Haemophilus influenzae type B
- · Hepatitis A and B
- HPV
- Inactivated poliovirus
- Influenza
- Meningococcal (meningitis)

- MMR
- Pneumococcal (pneumonia)
- Rotavirus
- · Tdap/diphtheria, tetanus, pertussis (DTaP)
- Varicella (chickenpox)

<sup>\*</sup>Subject to age restrictions.

#### **Exclusions and limitations**

This plan does not cover all health care expenses and includes exclusions and limitations. Members should re	efer to
their plan documents to determine which health care services are covered and to what extent.	

### Ask your health care provider about which preventive services are right for you and your family.

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