

Using your preventive benefits

Your LifeWise Health Plan of Oregon plan covers in-network preventive care in full. 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 for ages 18 and older
- Abdominal aortic aneurysm (one-time screening for men of specified ages who have ever smoked)
- Alcohol misuse screening and counseling
- Blood pressure screening
- Breast cancer (screening mammography)
- Cholesterol (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.)
- Depression screening
- 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 55 to 80 at higher risk³
- Nicotine dependency screening and counseling for quitting smoking or chewing tobacco
- 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

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

² For additional coverage details, 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, continued

MEDICATIONS AND SUPPLEMENTS

- Aspirin — over-the-counter, aspirin-only products, for pregnant women who are at high risk for preeclampsia or those at high risk due to heart conditions between the ages of 45 and 79; (75–325 mg)
- Pre-colonoscopy cleansing preparations — prescription generic or single-source brand, between the ages of 50 and 75; fill limit of 2 every 365 days (over-the-counter drugs are not covered as a preventive service)*
- Birth control pills — generic, single-source, and multi-source brand oral contraceptives (including emergency contraception).
- Folic acid — women only, over-the-counter; for those who are pregnant or are considering pregnancy; strength 0.4–0.8 mg*
- HIV Pre-HIV Preexposure Prophylaxis (PrEP) drug coverage - Truvada, Descovy¹
- Statins for prevention of cardiovascular diseases; generic low- to moderate-dose statins for males and females ages 40 to 75
- Tobacco cessation — prescription drugs only, including bupropion (generic Zyban), Chantix, NRT (nicotine replacement therapy) nasal spray, or NRT inhaler*

WOMEN

- Birth control — Generic, single-source, and multi-source brand oral contraceptives (including emergency contraception), cervical caps, patches, diaphragms, IUDs, contraceptive implants, and over-the-counter birth control (for example, female condoms and sponges) with a written prescription. Visits for birth control devices and family planning.
- BRCA genetic counseling for breast and ovarian cancer
- BRCA genetic testing for breast and ovarian cancer. Contact LifeWise for a pre-service review to see if coverage is approved.
- Bone density (osteoporosis) screening
- Breast cancer (chemoprevention) counseling for women at higher risk
- 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
- Perinatal/Postpartum Depression: Counseling Interventions - for those at higher risk
- Sterilization

VACCINATIONS

- Chicken pox (Varicella)
- Flu (Influenza)
- Hepatitis A
- Hepatitis B
- HPV (Human papillomavirus)
- Meningitis (Meningococcal)
- MMR (Measles, mumps, rubella)
- Pneumonia (Pneumococcal)
- Shingles (Herpes zoster)
- Tdap (Tetanus, diphtheria, pertussis)

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

PREGNANCY

- 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

* Requires a written prescription. Please also see Medications and Supplements section above for covered drugs.

¹ 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 infection 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 infection¹
- 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) testing
- Vision screening

VACCINATIONS

- Chicken pox (Varicella)
- Flu (Influenza)
- HB (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

- Iron supplements – over-the-counter, liquid form only; for children up to 12 months old
- Fluoride – up to age 18. Generic only – 0.25 mg, 0.5 mg, 1 mg only; no combinations. Requires a written prescription
- HIV Pre-HIV Preexposure Prophylaxis (PrEP) drug coverage - Truvada, Descovy¹

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. Anesthesia services performed in connection with a preventive colonoscopy are covered if the attending provider determines that anesthesia would be medically appropriate for you.

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 Health Plan of Oregon (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 800-596-3440 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-596-3440 (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 800-596-3440 (TTY: 711)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-596-3440 (телетайп: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-596-3440 (TTY: 711) 번으로 전화해 주십시오.

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-596-3440 (телетайп: 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。800-596-3440 (TTY:711) まで、お電話にてご連絡ください。

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-596-3440 (رقم هاتف الصم والبكم: 711).

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 800-596-3440 (TTY: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-596-3440 (TTY: 711)។

XIYYEEFFANNA: Afaan dubbattu Oroomiiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-596-3440 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: 800-596-3440 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-596-3440 (TTY: 711) تماس بگیرید.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-596-3440 (ATS : 711).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 800-596-3440 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa 800-596-3440 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-596-3440 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-596-3440 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-596-3440 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-596-3440 (TTY: 711).