



## Preventive care covered with no cost sharing

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

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[aetna.com](https://www.aetna.com)

**Good news — your health benefits and insurance plan cover the services listed here with no cost share\* as part of preventive care.**

\*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.

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# Coverage includes routine screenings and checkups.

It also includes counseling you get to prevent illness, disease or other health problems.

Many of these services are covered as part of physical exams. These include regular checkups, routine gynecological exams and wellness exams for children. You won't have to pay out of pocket for these preventive visits when they are provided in network.

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

**Aetna follows the recommendations of national medical societies about how often children, men and women need these services. Be sure to talk with your doctor about which services are right for your age, gender and health status.**

## Covered preventive services for adults generally include:

### Screenings for:

- Abdominal aortic aneurysm (one-time screening for men of specified ages who have ever smoked)
- Alcohol misuse
- High blood pressure screening
- Cholesterol (for adults of certain ages or at higher risk)
- Colorectal cancer (for adults over age 50)
- Depression
- Type 2 diabetes (for adults with high blood pressure)
- Human immunodeficiency virus (HIV)
- Obesity
- Prostate cancer (for men ages 40 and older)
- Tobacco use
- Lung cancer (for adults ages 55 and over with a history of smoking), effective on renewal on or after January 1, 2015
- Syphilis (for all adults at higher risk)

### Medicine and supplements:

- Aspirin up to 81 mg for women up to the age of 45 at risk of preeclampsia and up to 81 mg for men and women from age 50 to 69 with certain cardiovascular risk factors
- Vitamin D supplements for adults ages 65 and older with certain conditions
- 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
- Bowel preparation medication (for preventive colorectal cancer screening)
- Low dosage statins: simvastatin 10 mg and atorvastatin 5 mg/10 mg. Covered for members from age 40 to 75 with no history of cardiovascular disease (CVD), one or more CVD risk factors and a calculated ten-year CVD event risk of 10 percent or greater (effective November 1, 2017)

### Counseling for:

- Alcohol misuse
- Domestic violence
- Nutritional diet (for adults with hyperlipidemia and other known risk factors for 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.*

- Tetanus, Diphtheria, pertussis (Tdap)
- Hepatitis A and B
- Herpes zoster
- Human papillomavirus (HPV)
- Influenza
- Measles, mumps, rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)

## Covered preventive services for women

### Screenings and counseling for:

- BRCA (counseling and genetic testing for women at high risk with no personal history of breast and/or ovarian cancer)
- Breast cancer chemoprevention (for women at higher risk)
- Breast cancer (mammography every one to two years for women over 40)
- Cervical cancer (for sexually active women)
- Chlamydia infection (for younger women and other women at higher risk)
- Gonorrhea (for all women at higher risk)
- Interpersonal or domestic violence
- Osteoporosis (for women over age 60 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 ages 35 and older at increased risk for breast cancer, effective October 1, 2014

### Contraceptive products and services\*:

- Prescribed FDA-approved female over-the-counter or generic 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

- Routine prenatal visits (you pay your normal cost share for delivery, postpartum care, ultrasounds or other maternity procedures, specialist visits and certain lab tests)
- Anemia screenings
- Diabetes screenings
- Bacteriuria urinary tract or other infection screenings
- Rh incompatibility screening, with follow-up testing for women at higher risk
- Hepatitis B counseling (at the first prenatal visit)
- Expanded counseling on tobacco use

- Breastfeeding interventions to support and promote breastfeeding after delivery, including up to six visits with a lactation consultant

## Covered preventive supplies for pregnant women

- 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
- Breast pump supplies if you get pregnant again before you are eligible for a new pump

For more information, go to [aetna.com](http://aetna.com) and search for "breast pumps." Or call Member Services for details on how to use this benefit.

## Covered preventive services for children

### Screenings and assessments for:

- Alcohol and drug use (for adolescents)
- Autism (for children at 18 and 24 months)
- Behavioral issues
- Cervical dysplasia (for sexually active females)
- Congenital hypothyroidism (for newborns)
- Development screening (for children under age 3, and surveillance throughout childhood)
- Hearing (for all newborns)
- Height, weight and body mass index
- Lipid disorders (dyslipidemia screening for children at higher risk)
- Hematocrit or hemoglobin
- Hemoglobinopathies or sickle cell (for newborns)
- Human immunodeficiency virus (HIV) (for adolescents at higher risk)
- Lead (for children at risk for exposure)
- Medical history
- Obesity
- Oral health (risk assessment for young children)
- Phenylketonuria (PKU) (for newborns)
- Tuberculin testing (for children at higher risk of tuberculosis)
- Vision

\*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.

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

**Medicine and supplements:**

- Gonorrhea preventive medicine for the eyes of all newborns
- Oral fluoride for children 6 months through 11 years of age (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.*

- Tdap/DTaP
- Haemophilus influenzae type B
- Hepatitis A and B
- HPV
- Inactivated poliovirus
- Influenza
- MMR
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Rotavirus
- Varicella (chickenpox)

**Exclusions and limitations**

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on the plan design or rider(s) purchased.

- All medical and hospital services not specifically covered in, or which are limited or excluded by, your plan documents, including costs of services before coverage begins and after coverage terminates
- Cosmetic surgery
- Custodial care
- Dental care and dental X-rays

- Donor egg retrieval
- Durable medical equipment
- Experimental and investigational procedures (except for coverage for medically necessary routine patient care costs for members participating in a cancer clinical trial)
- Hearing aids
- Home births
- Immunizations for travel or work
- Implantable drugs and certain injectable drugs including injectable infertility drugs
- Infertility services including, but not limited to, artificial insemination and advanced reproductive technologies such as in vitro fertilization (IVF), zygote intrafallopian transfer (ZIFT), gamete intrafallopian transfer (GIFT), intracytoplasmic sperm injection (ICSI) and other related services unless specifically listed as covered in your plan documents
- Nonmedically necessary services or supplies
- Orthotics except diabetic orthotics
- Outpatient prescription drugs (except for treatment of diabetes), unless covered by a prescription plan rider and over-the-counter medicine (except as provided in a hospital) and supplies
- Radial keratotomy or related procedures
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies or counseling
- Special-duty nursing
- Therapy or rehabilitation other than what is listed as covered in the plan documents
- Weight-control services including surgical procedures, medical treatments, weight-control/loss programs, dietary regimens and supplements, appetite suppressants and other medicine, food or food supplements, exercise programs, exercise or other equipment, and other services and supplies that are primarily intended to control weight or treat obesity, including morbid obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions

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The Aetna logo consists of the word "aetna" in a bold, lowercase, sans-serif font. The letter "a" is stylized with a vertical line through its center. A registered trademark symbol (®) is located at the top right of the letter "a".