

## Southern Company – Preventive Care

Abdominal Aortic Aneurysm Screening	No age limitation
Alcohol Misuse Screening and Behavioral Counseling Interventions	One per calendar year
Aspirin Use Counseling for CVD Prevention	Men age 50-59, Women age 13-59 every 5 years
Behavior Counseling to Prevent Skin Cancer	Age 6 months - 24 years (included in E&M and/or preventive office visit)
Blood Pressure Screening	Age 18 and older, one per calendar year (Usually included in the office visit)
Cholesterol Screening Men	age 35 and older (20-35 at risk for CAD) Women: age 45 and older (20-45 at risk for CAD) every 5 years
Colorectal Cancer Screening	No Age Restrictions Sigmoidoscopy - every 3 years Colonoscopy - every 10 years  Fecal occult blood testing - One per calendar year Barium Enema - every 5 years FIT-DNA (Cologuard)- every 3 years CT Colonography (Visual Colonoscopy)- every 5 years
Depression Screening	Age 11 and older, one per calendar year
Diabetes Screening (Type 2 for adults with high blood pressure)	Age 19 and older every 3 years
Diet Counseling (Adults with high risk for chronic diseases)	Age 18 and older, 3 hours each calendar year
Fall Prevention Screening	Age 65 and older. Exercise, physical therapy and vitamin D supplementation
Hepatitis B Screening	Age 11 and older, one per calendar year
Hepatitis C Screening	Once per lifetime, as recommended per guidelines
HIV Screening (At Risk and All Pregnant Women)	Men age 11 and older Women age 10 and older
Routine Adult Aneurysm Ultrasound	Procedure Code G0389- No age limitation
Lung Cancer Screening	Age 50-80, one per calendar year
Obesity Screening and Counseling	Age 6 and older, one per calendar year
Over-the Counter Pharmaceuticals Effective August 1, 2013	Aspirin Men age 45-79, Women age 55-79 Pharmacy Contraceptive Methods Age 10 and older, generic only Vitamin D Supplements Age 65 and older Folic Acid Age 10 and older, women only
Prostate Screening (PSA)	No Age Restriction, one per calendar year
Psychosocial/Behavioral Assessment	Age Newborn - 21 years, 31 services during age range
Routine Office Visit	One per calendar year
Sexually Transmitted Infection (STI) Prevention Counseling	Age 10 and older, one per calendar year Adolescents (high risk) Age 11-21 no frequency
Tobacco Use Screening and Cessation	Men age 6 and older, 8 per calendar year
Tobacco Use and Tobacco-Caused Disease, Medication	Effective October 1, 2014 Age 6 and older, two 90 day supplies per calendar year
Tuberculosis Infection Screening Bacteriuria (pregnant women)	Age 19 and older (adults at risk), one per calendar year

BRCA Counseling about genetic testing for women at higher risk	Once in a lifetime
Breast Cancer Chemoprevention Counseling	Once in a lifetime
Breast Cancer Mammography Screenings	No age limitation – one per calendar year
Breast Cancer Prevention Medication	Age 35 and older, pharmacy only
Breast Feeding Interventions	Twice per calendar year
Cervical Cancer Screening (Pap Smear)	One per calendar year- No age limitation
Chlamydia Screening	Age 15 and older, one per calendar year
Gonorrhea Screening	Age 11 and older, twice per calendar year
Hepatitis B Screening	One per calendar year for pregnant women
Iron Deficiency Anemia Screening	One per calendar year for pregnant women
Osteoporosis Screening	Age 65 and older, 65 and younger if at risk, once every 2 years
Rh Incompatibility Screening (all pregnant women)	Twice per calendar year
Tobacco Use Screening and Interventions	Effective May 16, 2014 - August 31, 2014 Women age 10 and older, 8 per calendar year Effective September 1, 2014 Women age 6 and older, 8 per calendar year
Syphilis Screening (At Risk and All Pregnant Women)	
Human Papillomavirus (HPV) Screening	Age 30 and older, every 3 years
Prenatal Conference (Pediatrician only)	

Well Women Visit	Age 10 and older, up to two visits per calendar year depending on diagnosis and procedure
Preconception Visit	Age 10 and older, one visit per calendar year
Prenatal Care	Age 10 and older, up to six visits per calendar year depending on diagnosis and procedure
Screening for Gestational Diabetes	Age 10 and older, two per calendar year
HIV Counseling	Age 10 and older, one per calendar year
Contraceptive Methods and Counseling	<ul style="list-style-type: none"> <li>• Counseling Age 10 and older, one per calendar year</li> <li>• Sterilization Age 10 and older, one procedure per lifetime (female only)</li> <li>• Confirmatory Test Two per lifetime</li> <li>• Medical Contraceptive Age 10 and older</li> </ul>
Breast Feeding	<ul style="list-style-type: none"> <li>• Counseling and Support Age 10 and older, three per year in conjunction with a birth</li> <li>• Supplies - Pumps and Accessories Age 10 and older one per pregnancy</li> </ul>
Screening and Counseling for Interpersonal and Domestic Violence	Age 10 and older, one per calendar year (female only)
Sexually Transmitted Infection (STI) Prevention Counseling	Age 10 and older, one per calendar year
Alcohol and Drug Use Assessments (adolescents)	Age 11-21, one per calendar year
Behavior Counseling to Prevent Skin Cancer	Age 6 months - 24 years (included in E&M and/or preventive office visit)
Cervical Dysplasia Screening (Pap Smear)	one per calendar year
Congenital Hypothyroidism (newborns)	Age 2-4 days
Dental Caries Prevention (< age 5)	Age birth - 5 years, 4 per calendar year
Dental Caries Prevention (preschool children)	Included in preventive office visit
Developmental Screening (< age 3)	Age 9-30 months, 4 screenings Effective January 1, 2015 Age 9-30 months, 5 screenings
Developmental Surveillance	Usually included with office visit
Dyslipidemia	Age 2-10, one every 2 years; Age 11-17, one per calendar year; Age 18-21, once during age range
Fluoride Chemoprevention	Age 6 months - 6 years, 3 assessments in age range
Gonorrhea Prevention (eye meds for newborns)	At delivery, included in standard inpatient newborn care
Hearing Screening Newborns	Age birth - 31 days, once in age range
Hearing Screening	Age 2 months- 10 years, 8 tests during age range; Age 11-21, 2 tests during age range
Height, Weight and BMI Measurements	Included as part of an office visit
Hematocrit or Hemoglobin Screening	Age 4 months -10 years, 3 services during age range; Age 11-21 one per calendar year
Hemoglobinopathies (sickle cell screening for newborns)	Age birth - 31 days
Hepatitis B Screening	Age 11 and older, one per calendar year
HIV Screening (adolescents at high risk)	Males age 11 and older Females age 10 and older
Immunizations	No age limitations- See below for a complete list of covered immunizations
Iron Supplements (Deficiency Screening)	At risk 6 to 12 month old babies
Lead Screening	Age 6 months - 6 years, 3 services during age range
Major Depressive Disorder Screening	Age 12-18 years, one per calendar year
Metabolic Hemoglobin Screening - Newborns	Age birth -2 months, once in age range
Nutritional Counseling	No age limitations
Obesity Screening and Counseling	Age 6 and older one per calendar year
Oral Health Risk Assessment	Age 6 months - 6 years, 3 services during age range
Over-the Counter Pharmaceuticals	Effective August 1, 2013 Fluoride Age 6 months - 6 years Iron Deficiency Anemia Age 6 months - 12 months
Routine Newborn Care (in hospital)	No age limitations
Phenylketonuria (PKU - for newborns)	Age 2-14 days, 2 services during age range
Psychosocial/Behavioral Assessment	Age Newborn - 21 years, 31 services during age range

Routine Office

11 visits first two years of life; Age 2 and older, one visit per

Routine Physical	(Employee and dependents -includes associated lab and x-ray services)
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Sexually Transmitted Infections counseling (STI - adolescents at high risk)	Age 10 and older, 1 per calendar year
Sexually Transmitted Infections Screening (STI - adolescents at high risk)	Age 11 - 21, no frequency
Tuberculin Testing	Age 1 month - 21 years, a maximum of 6 services (IF NEEDED) during age range
Vision Screening (Visual Acuity)	Birth - 10 years, 8 services in age range; Age 11-21, 4 services in age range

**ADDITIONAL ROUTINE SERVICES**

Blood Glucose	
Genetic Testing	Procedure code S0265 is the only code covered as routine
Hepatitis B	
HIV	
Lactation	
Meningococcal	
Psychiatric Assessment	
Shingles Vaccine	No Age Limitation
Specimen Handling	
Stress Test	
Substance Abuse Screening	
Thyroid	
Ultrasound	
Urinalysis	Relating to Maternity Care
Venipuncture	
Vitamin D	
Lipid Panel	2 per calendar year- No age limitation

**IMMUNIZATIONS**

Adult Tetanus and Diphtheria Toxoids - Absorbed (Td)	
Diphtheria Toxoid	
Diphtheria, Tetanus (DT)	
Diphtheria, Tetanus Toxoids, Acellular Pertussis Vaccine, Hemophilus Influenza Type B, and Poliovirus Vaccine, Inactivated (DTaP-Hib-IPV)	
Diphtheria, Tetanus Toxoids, Acellular Pertussis Vaccine, Hepatitis B, and Poliovirus Vaccine, Inactivated (DTaP-HepB-IPV)	
Diphtheria, Tetanus, Acellular Pertussis (Dtap)	
Healthcare Reform Preventive Services Frequency	
Diphtheria, Tetanus, Acellular Pertussis and Hemophilus Influenza B Vaccine (DTaP-Hib)	
Diphtheria, Tetanus Toxoids, Acellular Pertussis Vaccine and Poliovirus Vaccine, Inactivated (Dtap-IPV)	
Hemophilus Influenza B Vaccine (HIB)	
Hepatitis A	
Hepatitis A and B	
Hepatitis B and Hemophilus Influenza B Vaccine - Active Immunization (HepB - Hib)	
Hepatitis B Vaccine - Active Immunizations (HepB)	

Human Papilloma Virus (types 6, 11, 16 and 18); Gardasil® (HPV)	
Influenza Virus Vaccine	No age limitation. FluMist is included as a covered influenza virus vaccine (Coverage is limited based on the specific FDA labeling) Limited to one per person per calendar year
Measles Virus Vaccine - Live	
Measles, Mumps and Rubella Vaccine (MMR)	
Measles, Mumps, Rubella, and Varicella Vaccine (MMRV)	
Meningococcal Conjugate Vaccine	
Meningococcal Polysaccharide Vaccine	
Mumps Virus Vaccine - Live	
Pneumococcal Conjugate (PCV) /Pneumococcal Polysaccharide Vaccine	
Poliomyelitis Vaccine (IPV)	
Rotavirus Vaccine	
Rubella Virus Vaccine	
Tetanus Toxoid	
Tetanus, Diphtheria, Acellular Pertussis (Tdap)	
Varicella (Chicken Pox) Vaccine	
Zoster (Shingles) Vaccine	No Age Limitation

\* Before getting one of the above immunizations at a pharmacy, ask the pharmacist if your pharmacy benefit will cover the immunizations at no cost to you. Otherwise, to receive the immunization at 100% and no cost sharing you will need to go to an in-network physician.

Women's Health and Cancer Rights Act Information: A member who is receiving benefits in connection with a mastectomy will also receive coverage for reconstruction of the breast on which a mastectomy was performed and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and treatment of physical complications at all stages of the mastectomy, including lymphedema. Benefits for this treatment will be subject to the same calendar year deductible and coinsurance provisions that apply for other medical and surgical benefits.

Benefits for mammograms vary depending upon the reason the procedure is performed and the way in which the provider files the claim:

- If the mammogram is performed in connection with the diagnosis or treatment of a medical condition, and if the provider properly files the claim with this information, we will process the claim as a diagnostic procedure according to the benefit provisions of the plan dealing with diagnostic X-rays.
- If you are at high risk of developing breast cancer or you have a family history of breast cancer within the meaning of our medical guidelines – and if the provider properly files the claim with this information, we will process the claim as a diagnostic procedure according to the benefit provisions of the plan dealing with diagnostic X-rays.
- In all other cases the claim will be subject to the provisions and limitations described within your booklet, including the section called Physician Preventive Benefits.