

# \$0 preventive services.

## Diagnostic Tests/ Procedures

- Complete blood count test
- Fecal Occult Blood Test (FOBT)
- Abdominal aortic aneurysm one-time screening
- Blood pressure screening
- Diabetes (type 2) screening
- Cholesterol screening
- Chlamydia screening
- Gonorrhea screening
- Syphilis screening
- Human papillomavirus (HPV) testing
- Human immunodeficiency virus (HIV) screening
- Hepatitis B virus screening
- Hepatitis C virus screening
- Tuberculosis (TB) testing
- BRCA 1 and 2 testing
- Pap smear for cervical cancer screening
- Lung cancer low dose CT scan (LDCT)
- Mammogram
- Colonoscopy/colon cancer screening /DEXA
- Sigmoidoscopy
- Prostate cancer screening
- Bone density screening/DEXA

## Examinations/Counseling

- Physical exam
- Genetic counseling
- Osteoporosis screening
- Tobacco use counseling
- Depression screening
- Alcohol misuse screening and counseling
- Social drivers of health screening
- Annual hearing screening
- Sexually transmitted infections (STI) counseling
- Domestic and interpersonal violence screening and counseling
- Nutritional counseling
- Obesity screening and counseling
- Tubal ligation follow-up examination

## Birth Control Contraception

Most contraceptives are covered as a preventive service under your pharmacy benefits.

- Generic oral contraceptives (combined pill, progestin only, or extended/continuous use)
- Implantable rod
- IUDs
- Patch
- Injection
- Vaginal contraceptive ring
- Female condom
- Cervical cap with spermicide
- Diaphragm with spermicide
- Emergency contraception
- Spermicide
- Sponge with spermicide
- Surgical sterilization for women (tubal ligation)
- Surgical sterilization implant for women
- Anesthesia for sterilization

## Obstetrics (OB/GYN)

- Maternal depression screening
- Gestational diabetes screening
- Breast pump, electronic AC or DC
- Breastfeeding support/counseling
- Folic acid supplement
- Iron deficiency anemia screening
- Urine study to detect asymptomatic bacteriuria (UTI)
- Rubella screening
- Rh(D) incompatibility screening
- Preeclampsia prevention and screening

## Immunizations (Adult and Child)\*

- Influenza (flu shot)
- Hepatitis A and B
- Human papillomavirus (HPV)
- Rotavirus

- Measles, Mumps, Rubella
- Diphtheria, tetanus, and pertussis (DTaP)
- Pneumococcal
- Meningitis
- Shingles
- Chicken Pox (Varicella)
- Inactivated polio virus
- Respiratory syncytial virus

## Additional Pediatric Specific Examinations/ Counseling

- Well-child and adolescent visit
- Developmental screening
- Behavioral assessment
- Autism screening
- Vision screening
- Oral health risk assessment
- Nutritional and physical activity counseling
- Newborn hearing screening

## Pediatric Tests/Procedures

- Newborn metabolic screening
- Newborn bilirubin concentration screening
- Newborn hyperthyroidism screening
- Newborn Phenylketonuria (PKU) screening
- Newborn Sickle cell disease screening
- Newborn blood screening
- Thyroid screening
- Lead screenings
- Dyslipidemia screening
- Electrocardiogram (ECG)
- Hematocrit or hemoglobin screening
- Tuberculin testing

## Preventive Medications

Affordable Care Act (ACA) Medications may be offered at no cost if the member meets preventive care requirements.

See your prescription drug coverage for ACA Preventive Drugs.

For services to be covered as preventive, your doctor must bill your claim with preventive codes. If your provider finds a condition that needs further testing or treatment, you'll need to pay regular copays, coinsurance or deductibles.

For more information on the recommendations of the CDC, US Preventive Services Task Force, and the Health Resources and Services Administration, visit the following website: [www.healthcare.gov](http://www.healthcare.gov).

\*Travel immunizations are not covered.

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If you have questions about your plan or coverage, email us at [customerservice@slhealthplan.org](mailto:customerservice@slhealthplan.org) or call the customer service number, **833-840-3600**, to speak with representatives who are happy to assist you.

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