

# Preventive Care



HEALTH REPUBLIC  
INSURANCE

BENEFITS COVERED IN FULL

At Health Republic,<sup>®</sup> we want the same thing you do: to keep you healthy! You're paying for your insurance, so why not take full advantage of it? We firmly believe that preventive care yields the best results to keep you and your loved ones healthy. In fact, we feel so strongly about it that we cover more than just the services mandated by federal health care reform!

Included is a list of the benefits we cover in full for men, women, and children. Covering a benefit in full means that as long as your insurance is active, you do not have to pay anything—no copay, no coinsurance, no deductible—in order to take advantage of these services.

Remember, you are your own best advocate! Insurance is



paid based on the way a provider reports the service to Health Republic. This is called "coding." If you ever have a preventive service accidentally miscoded (and therefore not covered in full), we'd recommend that you circle back with your provider and request that the service be recoded and resubmitted. If you have any questions, we are happy to help; just call us at 1-888-990-6635.




## CHILDREN (BIRTH-17):


**Well-baby and well-child visits at recommended scheduled intervals; may include the following:**


*autism screening, depressive disorder screening, hearing screening, oral health screening, skin cancer, behavioral counseling for at-risk children, visual acuity screening*


  **Cholesterol (lipid) screening:** lab test, one per calendar year

 **Diabetes blood glucose or A1c:** lab tests, one per calendar year

 **Fluoride drops/chewable tablets (Rx required)**

 **Iron drops:** babies 6-12 months at risk for anemia

 **Lead poisoning screening:** one lab test between 9-12 months; one lab test at 24 months

 **Tuberculosis testing**

## NEWBORN SCREENINGS:

 Congenital hypothyroidism screening

 Gonorrhea prophylactic ocular topical medication

 Hearing loss screening

 Hemoglobinopathies screening

 Phenylketonuria (PKU) screening

 Sickle cell disease screening



Adult  
Women



Nursing  
Mother



Pregnant  
Women



Adult  
Men



Child



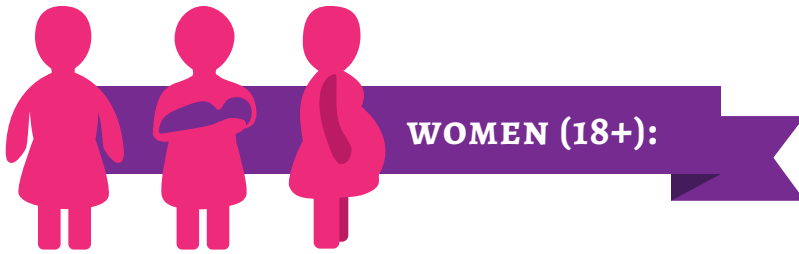
Infant



Restrictions may apply,  
call us first

PA  
REQUIRED





















Prior Authorization  
Required










**WOMEN (18+):**

**Annual physical appointment and/or gynecological/well-woman appointment; may include the following:**

*alcohol misuse screening and counseling intervention, counseling on aspirin use to prevent cardiovascular disease (ages 55+), depression screening, high-blood-pressure screening, interpersonal/domestic/intimate partner violence screening/counseling, obesity screening, preconception care (not including fertility or infertility care), prenatal care, moles (skin) screening, vision screening*

-  **Aspirin (Rx required):** as needed cardiovascular disease prevention, for ages 55+
-  **Birth control (OTC, but requires Rx):** films, foams, gels, female condoms
-  **Bone density (osteoporosis) testing:** X-ray, for ages 60+
-  **BRCA mutation testing** PA REQUIRED
-  **Cervical cancer screening:** ages 21-65 with Pap smear every 3 years / ages 30-65 may lengthen time between screenings, when combined with HPV testing, to every 5 years
-  **Colorectal cancer screenings:** colonoscopy, sigmoidoscopy, double contrast barium enemas, fecal occult blood test; includes relevant anesthesia, labs, and polyp removal if done during colonoscopy, for ages 50+
-   **Cholesterol (lipid) screening:** lab test, one per calendar year
-  **Contraceptive services and counseling:** FDA approved contraceptive services along with patient education and counseling for all women with reproductive capacity
-  **Counseling for cancer prevention strategies:** for women at high risk for breast cancer
-  **Diabetes blood glucose or A1c:** lab test, one per calendar year
-  **Genetic risk assessment for woman susceptible to breast and ovarian cancers:** office visit (not lab test)
-  **Hepatitis C screening:** as needed for high-risk adults
-  **Lung cancer screening:** CT scan, for ages 55+ PA REQUIRED
-  **Mammography screening:** film and digital, for ages 40+ (Health Republic covers this service in full once per calendar year regardless of diagnostic/preventative code!)
-  **Nutritional counseling:** two visits per calendar year
-  **Thyroid screening:** lab test for woman, once per calendar year
-  **Tobacco cessation services:** for ages 15+
-  **Type 2 diabetes screening:** lab test, one per calendar year
-  **Vitamin D (Rx required):** as needed for fall prevention, for ages 65+

-  **Asymptomatic bacteriuria lab test**
-  **Diabetic supplies and insulin:** covered in full only for members who are pregnant and diabetic (including gestational diabetes) from the time of conception through six-weeks postpartum
-  **Folic acid (Rx required):** for women planning on pregnancy
-  **Gestational diabetes screening:** one screening per pregnancy, recommended between 24-28 weeks and/or for those at high risk during the first prenatal visit, must be done at PCP or Women's Health provider
-  **Hepatitis B virus infection screening:** lab test
-  **Iron deficiency anemia lab test**
-  **Rh(D) lab test**

-  **Breastfeeding supplies:** hospital-grade breast pump rental for six months OR purchase of the Medela Pump in Style,<sup>®</sup> either picked up or mailed to your home. For both birth AND adoptive mothers
-  **Breastfeeding counseling and support:** one consult and one follow-up visit with a lactation specialist



## MEN (18+):

### Annual physical appointment; may include the following:

alcohol misuse screening and counseling intervention, counseling on aspirin use to prevent cardiovascular disease (ages 45+), depression screening, high-blood-pressure screening, obesity screening, vision screening



**Aortic aneurysm screening for men who have a history of smoking:** one imaging service per lifetime, for ages 65+



**Aspirin (Rx required):** cardiovascular disease prevention, for ages 45+



**Cholesterol (lipid) screening:** lab test, one per calendar year



**Colorectal cancer screenings:** colonoscopy, sigmoidoscopy, double contrast barium enemas, fecal occult blood test; includes relevant anesthesia, labs, and polyp removal if done during colonoscopy, for ages 50+



**Diabetes blood glucose or A1c:** lab test, one per calendar year



**Hepatitis C screening:** as needed for high-risk adults



**Lung cancer screening:** CT scan, for ages 55-80



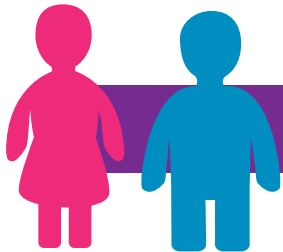
**Nutritional counseling:** two visits per calendar year



**Tobacco cessation services:** for ages 15+



**Vitamin D (Rx required):** as needed for fall prevention, for ages 65+



## SEXUALLY TRANSMITTED INFECTIONS (STI) SCREENINGS:



**Counseling about sexually transmitted infections (including HIV)** as part of PCP or women's health office visit



**Chlamydial screening:** lab test



**Gonorrhea screening:** lab test



**Human papillomavirus (HPV) DNA testing for woman:** lab test recommended every 3 years for women 30 years or older



**HIV screening:** lab test



**Syphilis screening:** lab test

**It's important to be aware of what constitutes a preventive care service.** If you go for a preventive care appointment but request or receive a non-preventive care service, you may be charged for that non-preventive service.

For example, let's say you went in for a yearly well-woman appointment and asked the doctor about some knee pain you'd been having. If the doctor decided to send you in for an X-ray, you would pay for the X-ray (because it's above and beyond the preventive service) per your plan benefits. Or, maybe you took your toddler in for a well-child visit and your doctor recommended checking his Vitamin D levels. That test is not part of the preventive care regime, so it would be subject to the same charges as any other lab benefit on your plan.



Adult Women



Nursing Mother



Pregnant Women



Adult Men



Child



Infant



Restrictions may apply, call us first



Prior Authorization Required



## IMMUNIZATIONS (ALL):



**Hepatitis A**  
(Prior authorization required for age 19+)



**Hepatitis B**



**Haemophilus influenzae Type B**



**Influenza** (One dose annually)



**Inactivated Poliovirus**



**Measles, Mumps, Rubella (MMR)**



**Meningococcal**



**Pneumococcal (PPV)**



**Human papillomavirus (HPV)**



**Rotavirus**



**Tetanus/Diphtheria/Pertussis  
or Diphtheria/Tetanus/Pertussis (DPT)**



**Varicella (VZV)**



**Zostavax/Herpes Zoster**



Adult  
Women



Nursing  
Mother



Pregnant  
Women



Adult  
Men



Child



Infant



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**PA**  
REQUIRED

Prior Authorization  
Required

## CONTACT US!

**Health Republic Insurance**  
4000 Kruse Way Place, Suite 2-300  
Lake Oswego, OR 97035

**Member Services:** 1-888-990-6635  
**Nurse Advice Hotline:** 1-888-334-9424  
**Prior Authorizations:** 1-800-638-0449

**Assistance for Hearing Impaired:**  
Dial 711 from a TTY telephone



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