

Women's Preventive Services

Screenings for women's health, including pregnancy-related preventive services, include: Well-woman visits, including preconception counseling and prenatal care, Pap tests and any cervical cancer screening tests including human papillomavirus (HPV), contraceptive methods and counseling, and screening and counseling for interpersonal and domestic violence.

Routine Checkups	18-29 years	30-39 years	40-49 years	50-64 years	65+ years
Wellness Exam includes personal history; blood pressure; body mass index (BMI); physical exam; preventive screening; and counseling	Annually for ages 18-21			Annually	Annually
	Every 1-3 years, depending on risk factors				
Routine Screenings	18-29 years	30-39 years	40-49 years	50-64 years	65+ years
Anemia Screening	Pregnant Women				
Cervical Cancer Screening (Women)	Initial pap test every 3 years beginning at age 21; if 30 years or older, either a Pap every 3 years alone or every 5 years with high-risk human papillomavirus (hrHPV) testing alone or every 5 years with hrHPV testing in combination with Pap (testing). Women 65 years and older may stop screening.				
FDA Approved Contraceptive Methods and Counseling	As prescribed by a healthcare provider for women with reproductive capability				
Colorectal Cancer Screening ¹				Screening for men and women age 50-75 for colorectal cancer Fecal occult blood test/fecal immunochemical test annually ² ; or fecal DNA testing (Cologuard) every 3 years; or flexible sigmoidoscopy every 5 years ² ; or colonoscopy every 10 years ²	
	Patients at high risk for colorectal cancer due to family history or physical factors ¹				
Gestational Diabetes Screening	For women 24 to 28 weeks pregnant, or those at high risk of developing gestational diabetes				
Skin Cancer Screening	Periodic total skin exams every 3 years at discretion of your healthcare provider		Annual total skin exam at discretion of your healthcare provider		
Breast Cancer Screening ¹	Annual clinical breast exam and monthly self-exam				
	Mammogram screening recommended once every 2 years**				
Domestic and Interpersonal Violence Screening and Counseling	Recommended for all women with a routine screening and counseling by a network provider				
Breast Feeding and Post-Partum Counseling, Equipment and Supplies	For women as part of pre/post-natal counseling for pregnant women, with rental or purchase of certain breast feeding equipment through approved vendor				
Other Recommended Screenings	18-29 years	30-39 years	40-49 years	50-64 years	65+ years
Body Mass Index (BMI)	At the discretion of your healthcare provider in addition to your wellness exam (can be screened annually for overweight and eating disorders, consult the CDC's growth and BMI charts)				
Blood Pressure (Hypertension)	At every acute/nonacute medical encounter and at least once every 2 years				
Cholesterol Screening	Women ages 20 to 45 years for lipid disorders if at increased risk for coronary heart disease Screenings every 5 years or more at age 45 and older as healthcare provider suggest				
Diabetes Screening (Type 2)			Every 3 years, beginning at age 45 or more often and beginning at younger age at the discretion of your healthcare provider		
Bone Mass Density (BMD) Test (Women)			Consider your risk factors, discuss with your healthcare provider. BMD test for all post-menopausal women who have one or more risk factors for osteoporosis fractures		BMD test once, or more often at the discretion of your healthcare provider
Infectious Disease Screening	18-29 years	30-39 years	40-49 years	50-64 year	65+ years
Sexually Transmitted Infections (Chlamydia, Gonorrhea, Syphilis, and HPV 3)	Annual screenings for sexually active patients under 25; annually for patients age 25 and over if at risk. HPV is for age 26 and under, if not previously vaccinated. ³				
Hepatitis B	3 doses if risk factors are present (if you did not get as a child) (Pregnant women beginning at first prenatal visit. Consult with your healthcare provider)				

Children's Preventive Services

Includes annual well child visits, screening newborns for hearing problems, thyroid disease, phenylketonuria, sickle cell anemia, and standard metabolic screening panel for inherited enzyme deficiency diseases. Counseling for fluoride for

prevention of dental cavities; screening for major depressive disorders; vision; lead; tuberculosis; developmental/autism; counseling for obesity.

Screening Tests	0–1 year (Infancy)	1–4 years (Early Childhood)	5–11 years (Middle Childhood)	12–17 years (Adolescence)
Well Baby Visits and Care (including cholesterol screening, height, weight, developmental milestones, and BMI)	Ages 1-2 weeks; and 1, 2, 4, 6, 9, and 12 months. Assess breastfeeding infants between 3–5 days of age	Ages 15, 18, and 24 months; and 3 and 4 years	Annually	Annually
Anemia	Once between ages 9-12 months	As needed at the discretion of your h	provider	Starting at age 12, screen all non-pregnant adolescents for anemia every 1-2 years during well visit. Annually screen for anemia if at high risk
Blood Test for Lead	Initial screening between ages 9-12 months	Annually at ages 2 and 3 years, and again at 4 years if in areas of high risk	If never screened, prior to entry to kindergarten	
Urinalysis			Once at age 5 at the discretion of your healthcare provider	
Blood Pressure		Annually beginning at age 3		
Hearing	Assess prior to discharge, or by 1 month	Audiometry at ages 4, 5, 6, 8, 10, 17, 2,		
Vision	Assess prior to discharge, and by 6 months	Visual acuity test at ages 3, 4, 5, 6, 8, 10, 12, 15, and 17 screen for strabismus (lazy eye) between ages 3 and 5 years		
Pap Smear (Females)				Per ACS every 3 yrs. beginning at age 21 or as recommended by practitioner for abnormal findings
Chlamydia screening				If sexually active and < 24
Tests for Sexually Transmitted Diseases	Annual screenings for sexually active patients under 25; annually for patients age 25 and over if at risk. HPV is for age 26 and under, if not previously vaccinated ³			
Testicular Exam (Males)				Clinical exam and self-exam instruction annually beginning at age 15
Congenital Hypothyroidism Screening	Newborns			
Critical Congenital Heart Disease Screening	Newborns before discharge from hospital			
Cholesterol/Lipid Disorders Screening		At-risk children 2-8	At-risk from 9 -11	At-risk adolescents 12-18
Tuberculin Test	Children and adolescents at risk			
Routine Eye Exam for Children	1 visit annually			
Depression				Ages 11 - 17
Immunizations ¹	0–1 year (Infancy)	1–4 years (Early Childhood)	5–11 years (Middle Childhood)	12–17 years (Adolescence)
Hepatitis A		2 doses routinely recommended at 12–24 months, and high-risk children over 24 months		
Hepatitis B	2 doses routinely recommended at birth and ages 1–2 months	1 doses 6–18 months		
Diphtheria, Tetanus, Pertussis (DTaP) Tetanus, Diphtheria, and Acellular Pertussis (Tdap) [Note: replaces Tetanus Diphtheria (Td)]	3 doses of DTaP routinely recommended at ages 2, 4, and 6 months	1 dose at 15–18 months	1 dose between 4–6 years	1 dose of Tdap between ages 7-10 instead of Td vaccine if you do not know if your child has received these; also between ages 13–18 years who missed Td booster at 11–12 years
Polio Vaccine	2 doses routinely recommended at ages 2 and 4 months	1 dose recommended between 6–18 months	1 dose between 4–6 years	
Haemophilus (Hib)	3 doses routinely recommended at ages 2, 4, and 6 months	1 dose between 12–15 months		
Measles, Mumps, Rubella (MMR)		1 dose routinely recommended between 12–15 months	1 dose between 4–6 years	
Varicella Vaccine (Chicken Pox)		1 dose routinely recommended between 12–15 months	1 dose between 4–6 years	
Pneumococcal Vaccine	3 doses routinely recommended at ages 2, 4, and 6 months	1 dose between 12–15 months		
Meningococcal Vaccine		Certain high-risk group only. As needed at discretion of your healthcare provider		1 dose between ages 11–12 years; 1 dose at high school or college entry if not previously vaccinated

Human Papillomavirus (HPV)		3 doses between ages 11–12 years for males and females; Any dose not administered at the recommended age, should be administered at a subsequent visit
Influenza Vaccine (Flu)	Annually for children 6 months of age and older	
Rotavirus	3 doses at 2, 4, and 6 months	

- ¹ Ambetter will cover additional preventive benefits when required by the state.
- ² Some immunizations are indicated for certain conditions, discuss with your provider what routine preventive care and immunizations are best for you.
- ³ HPV is for age 26 and under if not previously vaccinated.
- ⁴ Ambetter from Arkansas Health & Wellness covers vaccines under their preventive service benefit when services are rendered by an in-network provider and/or pharmacy who administers these vaccines.
- ⁵ Routine recommendation - ask your primary care provider (PCP) about immunizations you may need.

**Ambetter pays for breast cancer screening once a year starting at age 35. When administered as a preventive breast imaging screening, digital breast tomosynthesis (known as 3-D mammography) is considered a covered, preventive benefit.

Coverage Limitations and Exclusions

1. Services not covered under the preventive care benefit may be covered under another portion of the medical benefit plan.
2. Generally, the cost of drugs, medications, vitamins, supplements, or over-the-counter items is not eligible as a preventive care benefit. However, certain outpatient prescription medications, tobacco cessation drugs and/or over the counter items, as required by PPACA, may be covered under the preventive benefit. For details, please refer to the member-specific pharmacy plan administrator.
3. An immunization is not covered if it does not meet company Vaccine Policy requirements for FDA labeling (including age and/or gender limitations) and if it does not have definitive ACIP recommendations published in the CDC's Morbidity and Mortality Weekly Report (MMWR).
4. Examinations, screenings, testing, or immunizations are not covered when:
 - a. required solely for the purposes of career, education, sports or camp, travel (including travel immunizations), employment, insurance, marriage or adoption, or
 - b. related to judicial or administrative proceedings or orders, or
 - c. conducted for purposes of medical research, or
 - d. required to obtain or maintain a license of any type.
5. Services that are investigational, experimental, unproven or not medically necessary are not covered. Please see applicable Medical Policies (EOC, SOB, etc.) for details.
6. Breastfeeding equipment and supplies not listed in the Indications for Coverage section above. This includes, but is not limited to:
 - a. Manual breast pumps and all related equipment and supplies.
 - b. Hospital-grade breast pumps and all related equipment and supplies.
 - c. Equipment and supplies not listed in the Covered Breastfeeding Equipment section above, including but not limited to:
 - i. Batteries, battery-powered adaptors, and battery packs.
 - ii. Electrical power adapters for travel.
 - iii. Bottles which are not specific to breast pump operation. This includes the associated bottle nipples, caps and lids.
 - iv. Travel bags, and other similar travel or carrying accessories.
 - v. Breast pump cleaning supplies including soap, sprays, wipes, steam cleaning bags and other similar products.
 - vi. Baby weight scales.
 - vii. Garments or other products that allow hands-free pump operation.
 - viii. Breast milk storage bags, ice-packs, labels, labeling lids, and other similar products.
 - ix. Nursing bras, bra pads, breast shells, nipple shields, and other similar products.
 - x. Creams, ointments, and other products that relieve breastfeeding related symptoms or conditions of the breasts or nipples.

The benefits within this document are currently effective unless otherwise noted. Always refer to your Schedule of Benefits to understand if there are any costs associated with your preventive care benefits. In addition to the services listed, you may have additional preventive care benefits covered under your Ambetter plan that may or may not be covered at 100%. Check your Schedule of Benefits for details on these additional preventive care benefits.

ADDITIONAL PREVENTIVE SERVICES DETAILS

This Coverage Determination Guideline provides assistance in interpreting Ambetter preventive care services. When deciding coverage, the member specific benefit plan document must be referenced. This document is supplemental to your benefit plan document (e.g. Evidence of Coverage (EOC) and Schedule of Benefits (SOB), Member Handbook) and should not be used to guarantee coverage. Providers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Coverage Determination Guideline. Other Policies and Coverage Determination Guidelines may apply; members should refer back to the EOC for detailed coverage information, including the essential health benefit plan. Ambetter reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes, your plan may not pay for all services and treatments in this guide. It does not constitute medical advice.

Note: Preventive services do not generally include services intended to treat an existing illness, injury, or condition. Benefits will be determined based on how the provider submits the bill. Claims must be submitted with the appropriate diagnosis and procedure code in order to be paid at the 100% to treat an existing illness, injury or condition, you may be required to pay a copay, deductible and/or coinsurance for those covered services.

This information is intended as a reference tool for your convenience and is not a guarantee of payment.

Statement of Non-Discrimination

Ambetter from Arkansas Health & Wellness complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Ambetter from Arkansas Health & Wellness does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Ambetter from Arkansas Health & Wellness:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Ambetter from Arkansas Health & Wellness at 1-877-617-0390 (TTY/TDD 1-877-617-0392).

If you believe that Ambetter from Arkansas Health & Wellness 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: Ambetter from Arkansas Health & Wellness Appeals Unit, P.O. Box 25538, Little Rock, AR 72221, 1-877-617-0390 (TTY/TDD 1-877-617-0392), Fax 1-866-811-3255. You can file a grievance by mail, fax, or email. If you need help filing a grievance, Ambetter from Arkansas Health & Wellness 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 Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Declaración de no discriminación

Ambetter from Arkansas Health & Wellness cumple con las leyes de derechos civiles federales aplicables y no discrimina basándose en la raza, color, origen nacional, edad, discapacidad, o sexo. Ambetter from Arkansas Health & Wellness no excluye personas o las trata de manera diferente debido a su raza, color, origen nacional, edad, discapacidad, o sexo.

Ambetter from Arkansas Health & Wellness:

- Proporciona ayuda y servicios gratuitos a las personas con discapacidad para que se comuniquen eficazmente con nosotros, tales como:
 - Intérpretes calificados de lenguaje por señas
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Proporciona servicios de idiomas a las personas cuyo lenguaje primario no es el inglés, tales como:
 - Intérpretes calificados
 - Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con Ambetter from Arkansas Health & Wellness a 1-877-617-0390 (TTY/TDD 1-877-617-0392).

Si considera que Ambetter from Arkansas Health & Wellness no le ha proporcionado estos servicios, o en cierto modo le ha discriminado debido a su raza, color, origen nacional, edad, discapacidad o sexo, puede presentar una queja ante: Ambetter from Arkansas Health & Wellness Appeals Unit, P.O. Box 25538, Little Rock, AR 72221, 1-877-617-0390 (TTY/TDD 1-877-617-0392), Fax 1-866-811-3255. Usted puede presentar una queja por correo, fax, o correo electrónico. Si necesita ayuda para presentar una queja, Ambetter from Arkansas Health & Wellness está disponible para brindarle ayuda. También puede presentar una queja de violación a sus derechos civiles ante la Oficina de derechos civiles del Departamento de Salud y Servicios Humanos de Estados Unidos (U.S. Department of Health and Human Services), en forma electrónica a través del portal de quejas de la Oficina de derechos civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo o vía telefónica llamando al: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Los formularios de queja están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.