

Arise Individual and Small Group Preventive Health Benefits Covered Under Health Care Reform*

This sheet highlights how preventive health benefits are paid under policies subject to health care reform mandates. Arise Health Plan will pay benefits at 100% for the services and medications listed when care is received from participating providers. Services received from non-participating providers are either not covered or subject to out-of-pocket costs in the form of deductibles and coinsurance amounts.

Routine immunizations including, but not limited to, those recommended by the Advisory Committee on Immunization Practices: influenza/flu; diphtheria; pertussis; tetanus; polio; measles; mumps; rubella; haemophilus influenza B; meningitis; hepatitis A; hepatitis B; varicella; pneumococcal; meningococcal; rotavirus; human papillomavirus; and herpes zoster. Immunizations for travel purposes are not covered.

Routine medical exams including hearing exams, pelvic exams, pap smears and any related routine diagnostic services, mammograms, and colorectal cancer screenings. Pelvic exams and pap smears are covered under this paragraph when directly provided to you by a health care practitioner.

Well-child care including routine medical exams, hearing exams and any related routine diagnostic services, and routine eye exams directly provided to a dependent child in connection with well-child care. This includes those routine services directly provided by a health care practitioner to a covered newborn child during the child's inpatient confinement following his/her birth.

Mammograms limited to one routine mammogram of a covered person per calendar year.



Questions? Call Customer Service at 888-711-1444 to speak with one of our friendly representatives.

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Preventive screenings for the following, including, but not limited to: abdominal aortic aneurysm; to reduce alcohol misuse (also includes behavioral counseling, as determined by us); chlamydial infection; gonorrhea; congenital hypothyroidism in newborns; screening for hearing loss in newborns; hepatitis B and C; screening for high blood pressure; HIV; iron deficiency anemia in asymptomatic pregnant women; screening for lipid disorders; major depressive disorders in children and adolescents; phenylketonuria in newborns; RH incompatibility; osteoporosis; sickle cell disease in newborns; syphilis; type 2 diabetes; visual impairment in children under age 5; depression in adults; bacteriuria; cervical cancer; screening and behavioral counseling for obesity, as determined by us; gestational diabetes in pregnant women who are between 24 and 28 weeks of gestation and at the first prenatal visit if the woman is identified to be at high risk for diabetes; high-risk human papillomavirus DNA testing in female covered persons with normal cytology results (screening should begin at age 30 and should occur no more frequently than every three years); lung cancer with low-dose computed tomography in adults age 55-80 who smoke 30 packs per year and currently smoke or have quit smoking within the last 15 years.

Preventive drugs including, but not limited to: (a) aspirin for the prevention of cardiovascular disease for ages 50-69 and after 12 weeks of gestation in women who are at high risk for preeclampsia; (b) fluoride supplements for those older than six months; (c) folic acid for women planning or capable of pregnancy; (d) oral contraceptives, contraceptive patches, contraceptive devices (e.g., diaphragms, sponges, and gels), and contraceptive vaginal rings for birth control; (e) nicotine replacements (e.g., patches and

gum) and covered drugs used for smoking cessation for those age 18 and over; (f) vitamin D for those age 65 and over and at an increased risk for falls; (g) risk-reducing medications, such as tamoxifen or raloxifene, for women who are at increased risk for breast cancer and at low risk for adverse medication effects; and (h) immunizations.

For all preventive drugs, coverage is limited to: (a) generic drugs; and (b) brand-name drugs when there is no generic equivalent, unless the physician submits documentation to support the medical necessity of the use of a brand-name drug that has a generic equivalent. This definition of preventive drugs may change during the course of the year.

Other services including, but not limited to: blood lead tests; behavioral interventions to promote breast feeding; comprehensive lactation support and counseling by a trained health care provider during pregnancy and/or in the postpartum period; annual counseling on sexually transmitted infections; counseling for tobacco use; prophylactic ocular topical medication for newborns against gonococcal ophthalmia neonatorum; annual screening and counseling for female covered persons for interpersonal and domestic violence; healthy diet and physical activity counseling to prevent cardiovascular disease; and behavioral counseling for skin cancer.

Some laboratory and diagnostic studies may be subject to a deductible and/or coinsurance if determined not to be part of a routine preventive or screening examination. When you have a symptom or history of an illness or injury, laboratory and diagnostic studies related to that illness or injury are no longer considered part of a routine preventive or screening examination.

The preventive services listed are covered subject to the terms and conditions set forth in your Arise Health Plan certificate. Age-appropriate screenings are set by the U.S. Preventive Services Task Force and are subject to change.

*Valid for new individuals and groups or those that have renewed on or after Jan. 1, 2018.



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