

Because feeling fine doesn't tell the whole story

Preventive care can help detect potential health concerns early, often before symptoms appear



What is preventive care?

Preventive care includes routine wellness exams, health screenings, and immunizations designed to help you stay healthy and identify potential issues early. Your health care provider can recommend preventive services based on your age, health history, and individual needs.

Why make preventive care a priority?

Even if you feel healthy, some conditions can develop without obvious symptoms. Preventive care can help:

- Detect health concerns early, when they may be easier to treat
- Prevent certain illnesses and health conditions
- Support your long-term health and well-being
- Give you an opportunity to discuss recommended screenings and immunizations with your provider

What may be included in a preventive visit?

Depending on your age, health history, and needs, your provider may recommend:

- Annual wellness exams
- Blood pressure and cholesterol checks
- Cancer screenings
- Immunizations
- Preventive laboratory testing
- Healthy lifestyle counseling

What's not considered preventive care?

Once you have a diagnosis, any additional testing or screening would be considered **“diagnostic”** and therefore would no longer be considered a **“preventive service”** and would no longer be covered under the preventive care benefit. Also, you may receive other medically appropriate services during a periodic wellness exam that are not considered preventive. These services may be covered under your global plan's medical benefits, not your preventive care benefits. This means you may be responsible for paying a share or all of the cost depending on your plan, including deductible, copay or coinsurance amounts.

For more details, please check your plan materials.

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Use **Cigna Envoy**[®] to:

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- Access plan information and resources



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Questions?

Check your plan materials, talk with your health care provider or call the number on the back of your Cigna Healthcare[®] global ID card.

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Preventive wellness exams

SERVICE	GROUP	AGE, FREQUENCY
Well-baby/well-child/well-person exams, including annual well-woman exam (includes height, weight, head circumference, BMI, blood pressure, history, anticipatory guidance, education regarding risk reduction, psychosocial/behavioral assessment)	● ● ●	• Birth, 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months • Additional visit at 2–4 days for infants discharged less than 48 hours after delivery • Ages 3 to 21, once a year • Ages 22 and older, periodic visits as doctor advises

Preventive routine immunizations covered under preventive care

SERVICE
• Dengue • Diphtheria, Tetanus Toxoids and Acellular Pertussis (DTaP, Tdap, Td) • Haemophilus influenzae type b conjugate (Hib) • Hepatitis A (Hep A) • Hepatitis B (Hep B) • Human papillomavirus (HPV) • Influenza vaccine • Measles, mumps and rubella (MMR) • Meningococcal (meningitis)
• Monkeypox (Mpox) • Pneumococcal (pneumonia) • Poliovirus (IPV) • Rotavirus (RV) • RSV antibody • Tetanus (Lockjaw) • Varicella (chickenpox) • Zoster (shingles)

You may view the immunization schedules on the **CDC website**: <https://www.cdc.gov/vaccines/imz-schedules/index.html>

Preventive health screenings and interventions

SERVICE	GROUP	AGE, FREQUENCY
Abnormal blood glucose and type 2 diabetes screening/counseling	● ●	Adults ages 35–70 who are overweight or obese; women with a history of gestational diabetes mellitus
Anxiety screening	● ● ●	Adult including pregnant and postpartum women; children and adolescents aged 8 to 18 years old
Aspirin to reduce risk for preeclampsia ³	● ●	Pregnant women at risk for preeclampsia
Autism screening	●	18, 30 months
Bacteriuria screening	●	Pregnant women
Bilirubin screening (effective on or after 1/1/18 as plans renew)	●	Newborns before discharge from hospital
Breast cancer screening (mammogram)	●	Women ages 40 and older, every 1 year
Breast cancer-discussion of benefits/risks of preventive medication	●	Women at risk
Breast-feeding support/counseling, supplies ⁴	●	During pregnancy and after birth
Cervical cancer screening (Pap test) HPV DNA test alone or with Pap test	●	Women ages 21–65, every 3 years
Chlamydia screening	●	Sexually active women ages 24 and under and older women at risk
Cholesterol/lipid disorders screening ³	● ● ●	• Screening of children and adolescents ages 9–11 years and 17–21 years; children and adolescents with risk factors, ages 2–8 and 12–16 years • Adults beginning at age 20, every 4–6 years or more often based on risk factors
Colon cancer screening ³	● ●	The following tests will be covered for a colorectal cancer screening, ages 45 and older: • Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) annually • Flexible sigmoidoscopy every 5 years • Flexible sigmoidoscopy every ten years + annual FIT • Double-contrast barium enema (DCBE) every 5 years • Colonoscopy every 10 years • Computed tomographic colonography (CTC)/virtual colonoscopy every 5 years - requires prior authorization • Stool-based deoxyribonucleic acid (DNA) test (i.e., Cologuard) every 1–3 years
Congenital hypothyroidism screening	●	Newborns
Critical congenital heart disease screening	●	Newborns before discharge from hospital

● = Men ● = Women ● = Children/adolescents

Preventive health screenings and interventions (cont'd)

SERVICE	GROUP	AGE, FREQUENCY
Contraception counseling/education (including fertility awareness-based methods); contraceptive products and services ^{2,5,6}	●	Women with reproductive capacity
Dental application of fluoride varnish to primary teeth at time of eruption (in primary care setting)	●	Children to age 5 years
Dental caries prevention Evaluate water source for sufficient fluoride; if deficient, prescribe oral fluoride	●	All infants and children starting at the age of primary tooth eruption
Depression screening/Maternal depression screening	● ● ●	Ages 12–18; all adults, including pregnant and postpartum women
Developmental screening	●	9, 18, 30 months
Developmental surveillance	●	Newborn, 1, 2, 4, 6, 12, 15, 24 months. At each visit ages 3 to 21
Fall prevention in older adults (physical therapy)	● ●	Community-dwelling adults ages 65 and older with risk factors
Folic acid supplementation ³	●	Women planning or capable of pregnancy
Genetic counseling/evaluation and BRCA1/BRCA2 testing	●	Women at risk - Genetic counseling must be provided by an independent board-certified genetic specialist prior to BRCA1/BRCA2 genetic testing - BRCA1/BRCA2 testing requires precertification
Gestational diabetes screening	●	Pregnant women
Gonorrhea screening	●	Sexually active women age 24 years and younger and older women at risk
Healthy diet and physical activity counseling	● ● ●	Ages 6 and older - to promote improvement in weight status; overweight or obese adults with risk factors for cardiovascular disease
Hearing screening (not complete hearing examination)	●	All newborns by 2 months. Ages 4, 5, 6, 8, 10. Adolescents once between ages 11–14, 15–17 and 18–21
Hemoglobin or hematocrit	●	12 months
Hepatitis B screening	● ● ●	Pregnant women; adolescents and adults at risk
Hepatitis C screening	● ●	Adults ages 18–79
High blood pressure screening (outside clinical setting) ⁴	● ●	Adults ages 18 and older without known high blood pressure
HIV Preexposure Prophylaxis (PrEP) for prevention of HIV infection ³ HIV PrEP related services (HIV screening, kidney function testing, hepatitis B & C screening, pregnancy testing, sexually transmitted infection screening/behavioral counseling, adherence counseling)	● ● ●	Individuals at risk
HIV screening and counseling	● ● ●	Pregnant women; adolescents and adults 15 to 65 years; younger adolescents and older adults at risk; sexually active women (adolescent/adult), annually
Intimate partner/interpersonal violence screening	●	Women of reproductive age, including those that are pregnant and postpartum
Iron supplementation	●	6–12 months for children at risk
Lead screening	●	6, 9, 12, 18, 24 months; 3, 4, 5, and 6 years
Lung cancer screening (low-dose computed tomography)	● ●	Adults ages 50 to 80 with 20 pack/year smoking history, and currently smoke, or have quit within the past 15 years. Computed tomography requires precertification
Metabolic/hemoglobinopathies (according to state law)	●	Newborns
Obesity screening/counseling	● ● ●	Ages 6 and older, all adults
Ocular (eye) medication to prevent blindness	●	Newborns
Oral health evaluation/assess for dental referral	●	6, 9, 12, 18, 24, 30 months; 3, 4, 5, and 6 years
Osteoporosis screening	●	Age 65 or older. Postmenopausal women younger than 65 years who are at increased risk. Computed tomographic bone density study requires precertification
PKU screening	●	Newborns
Perinatal depression preventive counseling	●	Pregnant and postpartum women with risk factors

● = Men ● = Women ● = Children/adolescents

Preventive health screenings and interventions (cont'd)

SERVICE	GROUP	AGE, FREQUENCY
Preeclampsia screening (blood pressure measurement)	●	Pregnant women
Prostate cancer screening (PSA)	●	Men ages 55–69, screening should be an individual decision made in consultation with a health care provider
Rh incompatibility test	●	Pregnant women
Sexually transmitted infections (STI) counseling	● ● ●	Sexually active adolescents and for all adults at increased risk
Sexually transmitted infections (STI) screening	● ● ●	Adolescents ages 11–21
Sickle cell disease screening	● ● ●	Newborns
Skin cancer prevention counseling to minimize exposure to ultraviolet radiation	● ● ●	Ages 6 months–24 years
Syphilis screening	● ● ●	Individuals at risk; pregnant women
Tobacco use cessation: counseling/interventions ³	● ● ●	All adults ³ ; pregnant women
Tobacco use prevention (counseling to prevent initiation)	● ● ●	School-age children and adolescents
Tuberculosis screening	● ● ●	Children, adolescents and adults at risk
Ultrasound aortic abdominal aneurysm screening	● ● ●	Men ages 65–75 who have ever smoked
Unhealthy alcohol use and substance abuse screening	● ● ●	All adults; adolescents age 11–21
Unhealthy drug use screening	● ● ●	All Adults
Urinary incontinence screening	● ● ●	Women
Vision screening (not complete eye examination)	● ● ●	Ages 3, 4, 5, 6, 8, 10, 12, and 15 or as doctor advises

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Note: This list above is not necessarily comprehensive for all persons and all situations.

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3. Subject to the terms of your plan's pharmacy coverage, certain drugs and products may be covered at 100%. Your doctor is required to give you a prescription, including for those that are available over the counter, for them to be covered under your Pharmacy benefit. Cost sharing may be applied for brand-name products where generic alternatives are available. Please refer to the Cigna Healthcare "No Cost Preventive Medications by Drug Category" Guide for information on drugs and products with no out-of-pocket cost.
4. Subject to the terms of your plan's medical coverage, home blood pressure monitoring supplies, breast-feeding equipment rental and supplies may be covered at the preventive level. Your doctor is required to provide a prescription, and the equipment and supplies must be ordered through the Cigna Healthcare national durable medical equipment vendor. Precertification is required for some types of breast pump equipment. To obtain home blood pressure monitoring equipment, breast pump and breast pump supplies, contact the Cigna Healthcare national durable medical equipment vendor.
5. Examples include oral contraceptives; diaphragms; hormonal injections and contraceptive supplies (spermicide, female condoms); emergency contraception.

These preventive health services are based on recommendations from the U.S. Preventive Services Task Force (A and B recommendations), the Advisory Committee on Immunization Practices (ACIP) for immunizations, the American Academy of Pediatrics' Periodicity Schedule of the Bright Futures Recommendations for Pediatric Preventive Health Care, the Uniform Panel of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children and, with respect to women, evidence-informed preventive care and screening guidelines supported by the Health Resources and Services Administration. For additional information on immunizations, visit the immunization schedule section of www.cdc.gov. This document is a general guide. Always discuss your particular preventive care needs with your doctor.

Some plans choose to supplement the preventive care services listed above with a few additional services, such as other common laboratory panel tests. When delivered during a preventive care visit, these services also may be covered at the preventive level.

This document provides highlights of preventive care coverage generally. Some preventive services may not be covered under your plan. For example, immunizations for travel are generally not covered. Other non-covered services/supplies may include any service or device that is not medically necessary or services/supplies that are unproven (experimental or investigational). For the specific coverage terms of your plan, refer to the Evidence of Coverage, Summary Plan Description or Insurance Certificate.

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