

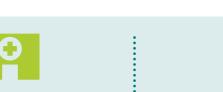
Staying Healthy is as Important

as Getting Well

SEE YOUR DOCTOR - NO COPAYMENT REQUIRED!

A guide to what's covered under your plan

This list of preventive care services that require no copayment from you. Health Net's preventive health guidelines allow Health Net members and their doctors to determine individual needs for preventive care services based on the best available medical evidence. For full benefit details, refer to your Evidence of Coverage, which can be viewed online at www.healthnet.com/uc.



An office visit for other reasons, which may also include preventive care or immunizations, requires a \$20 copayment.

Contact your primary care physician (PCP) to determine what preventive care service you need, as not all preventive care services are necessary (or covered) every year.



You can also find all the details about covered services at www.healthcare.gov.

(continued)



Screenings and other preventive care

Recommendation							
	MEN	WOMEN	PREGNANT WOMEN	NEWBORN OR CHILDREN	ADOLESCENTS		
Abdominal aortic aneurysm screening	V						
Alcohol misuse therapy	V	V	V				
Anemia screening			V				
Anxiety screening		V	✓		V		
Bacteriuria screening			✓				
Blood pressure screening	V	V					
Breast cancer screening, physician therapy and preventive drugs		V					
Breastfeeding supplies and therapy		V	✓				
Cardiovascular disease therapy and prevention (use of aspirin)	V	V					
Cervical cancer screening		V					
Chlamydial infection screening		V	V				
Cholesterol abnormalities screening (ages 20 and older)	V	V					
Colorectal cancer screening	V	V					
Contraceptive therapy		V					
Dental caries chemoprevention				✓			
Depression screening	V	V			V		
Diabetes screening	V	V	✓				
Domestic violence screening and therapy		V					
Gonorrhea prophylactic drugs				✓			
Hearing loss screening				✓			
Hemoglobinopathies screening				✓			
Hepatitis B screening			V				
Hepatitis C screening	V	V					
Hypothyroidism screening				V			

Preventive care services include health education, counseling and clinical services, such as well-baby/child care, immunizations, vision screening and hearing screening for children, clinical laboratory, and radiology. The majority of these guidelines are based on and consistent with the United States Preventive Services Task Force (USPSTF), Recommendations for Preventive Pediatric Health Care, as adopted by the American Academy of Pediatrics (AAP), and the Recommended Childhood Immunization Schedule/ United States jointly adopted by the AAP, the Advisory Committee on Immunization Practices (ACIP) of the U.S. Public Health Service and the American Academy of Family Physicians. For specific age requirements and/or testing frequency limits for the preventive services listed above, please visit the USPSTF website at www.ahrq.gov/clinic/ uspstfix.htm.



Screenings and other preventive care (continued)

Recommendation						
	MEN	WOMEN	PREGNANT WOMEN	NEWBORN OR CHILDREN	ADOLESCENTS	
Iron supplementation therapy				✓		
Lung cancer screening	V	V				
Obesity and healthy diet screening and therapy	V	V	V		V	
Phenylketonuria (PKU) screening				✓		
Folic acid supplementation therapy		V				
Rh incompatibility screening: first pregnancy visit, 24–28 weeks gestation			V			
Sexually transmitted infections screening and therapy (HIV, syphilis and gonorrhea)	V	V	V		V	
Tobacco use interventions	V	V	V	✓	V	
Visual acuity screening				✓		

Immunizations

Recommendation							
	MEN	WOMEN	PREGNANT WOMEN	NEWBORN OR CHILDREN	ADOLESCENTS		
Hepatitis A (HepA) immunization	V	V	V				
Human papillomavirus (HPV) immunization	V	V			V		
Influenza immunization	V	V	V	V	~		
Inactivated poliovirus (IPV) immunization				✓			
Measles, mumps, rubella (MMR) immunization				✓	~		
Tetanus, diphtheria, pertussis (Td/Tdap) immunization	V	V	V	~	V		

Health Net's Nondiscrimination Notice