About Your Preventive Care

CIGNA wants you to make the most of your CIGNA health care benefits, and take full advantage of preventive care services. Your CIGNA plan covers the full cost of these services when they are received from an in-network health professional.

That means:
- No cost to you
- No cost to your fund
- No plan deductible to meet

CIGNA defines preventive care as periodic well visits, routine immunizations, and routine screenings. Additional immunizations and screenings may be included for those individuals at increased risk for a particular disease.

Your doctor will determine the tests that are right for you and your family based on your age, gender and medical history.

There is no copay charge when you visit the doctor for routine physicals, well-child visits, immunizations, gynecological exams, and mammograms.

List of services commonly provided as preventive care

### Well-Child Care (through age 18)

#### Well-Baby and Well-Child visits
- Periodic visits, depending on age

#### Immunizations as appropriate by age, such as:
- Diphtheria, tetanus and acellular pertussis (DTaP)
- Haemophilus influenzae type b (Hib)
- Hepatitis A and B
- HPV (human papilloma virus) in girls and women ages 9 – 26
- Influenza: annually between 6 and 59 months
- Measles-mumps-rubella (MMR)
- Meningococcal (MCV4): between ages 11 and 18
- Pneumococcal (PCV) (pneumonia)
- Poliovirus (IPV)
- Rotavirus
- Varicella (chickenpox)

#### Screenings (as appropriate by age)
- Blood pressure
- Cholesterol: for those at risk
- Hearing and vision performed during the wellness visit
- Height and weight
- Hemoglobin or hematocrit: once a year for females after menarche
- Pap test and pelvic exam

### Adult Care (after age 18)

#### Well-Man and Well-Woman visits
- Periodic visits, depending on age

#### Immunizations such as:
- Hepatitis A and B (HBV): for those at risk
- HPV (human papilloma virus) in girls and women ages 9 – 26
- Influenza: ages 19 – 49, as your doctor advises; ages 50+, annually
- Pneumonia: once for those ages 65+ (or younger for those with risk factors)
- Rubella (German Measles) for women of childbearing age if not immune
- Tetanus-diphtheria (Td) every 10 years (or TdaP, as indicated)
- Varicella (chickenpox: if no evidence of prior immunization or chickenpox)
- Zoster: ages 60+

#### Screenings
- Blood pressure
- Cholesterol ages 20+, every 5 years
- Diabetes screening ages 45+, or if history of risk factors, every 3 years
- Mammogram once a year for women ages 40+
- Osteoporosis screening for women ages 65+, 60 for women at high risk
- Pap test within 3 years of sexual activity, or ages 21 – 64, at least every 3 years
- Prostate screening (PSA) for men ages 50+, once per year
- Ultrasound for abdominal aortic aneurysm: men ages 65 – 75 who have ever smoked
- Colorectal cancer screenings ages 50+:  
  - Sigmoidoscopy every 5 years
  - Fecal occult blood test or fecal immunochemical test annually
  - Colonoscopy every 10 years
  - Barium enema every 5 years; Or
  - Computed tomographic colonoscopy/virtual colonoscopy every 5 years
- Chlamydia screening, sexually active women ages 24 and under
Other services that are not classified as preventive care, but are generally covered under the medical plan, include tests to investigate existing symptoms, tests to follow up for results of screenings, and tests to monitor an ongoing condition or prevent a current condition from becoming worse. Deductibles and coinsurance will apply.

**Coverage Exclusions**

This document does not guarantee coverage for all preventive services. Immunizations for travel are generally not covered. Other non-covered services can include any medical service or device that is not medically necessary, and any services and supplies for, or in connection with, experimental, investigational or unproven services.

This document contains only highlights of preventive health services. The specific terms of coverage, exclusions and limitations, including legislated coverage, are included in the Summary Plan Description or Insurance Certificate.

**About ICD codes**

In order for these benefits to be administered as intended, they MUST be filed with a Wellness/Routine diagnosis code as the primary diagnosis on the claim. If you or your doctor have questions about your preventive care benefits, call CIGNA Member Services at the number on your CIGNA ID card, 1.800.CIGNA24.

The most common codes used are:

- **V20.2** – routine infant or child health check  
- **V70.0** – routine general medical examination at a health care facility  
- **V72.3** – gynecological examination  
- **V03.X** – routine immunizations

**Note:** These codes are included as examples. The list is not inclusive, and other codes may apply.

Otherwise, exams will be subject to standard plan provisions, including applicable deductibles(1) or copays(2), and not the preventive care benefits.

(1) The amount you pay before the insurance starts to pay  
(2) The amount you pay

**What is an ICD code?**

ICD code = A 3- to 5-digit number code describing a diagnosis or medical procedure.