

Service	CEDAR Par Provider ONLY	Benefit Limits
PREVENTIVE SERVICES FOR ADULTS		
Wellness Office Visits and Lab Services		
Office Visit Exam, Includes Services For:	100% of Covered Expense	Limited to preventive diagnosis only
Abdominal Aortic Aneurysm	100% of Covered Expense	One time screening for males who have ever smoked of ages 65 to 75
Alcohol Misuse	100% of Covered Expense	Screening and counseling
Aspirin use for Men and Women	100% of Covered Expense	One Aspirin use consultation for men ages 45 to 79 and women ages 55 to 79
Blood Pressure Screening	100% of Covered Expense	Screening for all adults
Cholesterol Screening	100% of Covered Expense	One screening per calendar year for adults 35 and older. Adults under 35 who have heart disease or risk factors for heart disease.
Colorectal Cancer Screening	100% of Covered Expense	Adults 50 and older
Depression Screening	100% of Covered Expense	Screening for adults
Type 2 Diabetes Screening	100% of Covered Expense	Screening for adults with high blood pressure only
Diet Counseling	100% of Covered Expense	Screening for adults at higher risk of chronic disease
Hepatitis B Screening	100% of Covered Expense	Age 19 and over who did not receive it as child
Hepatitis C Screening	100% of Covered Expense	Age 19 and over who did not receive it as child
HIV Screening	100% of Covered Expense	Screening for adults
Immunizations: *Hepatitis A *Hepatitis B *Herpes Zoster *Human Papillomavirus *Influenza (Flue Shot) *Pneumococcal * Measles, Mumps, rubella * Meningococcal *Varicella *Tetanus, Diphtheria, Pertussis	100% of Covered Expense	Listed Immunizations are once per calendar year. Human Papillomavirus shots up to age 26. Pneumococcal shots for adults 65 and older.
Sexually Transmitted Infections	100% of Covered Expense	Prevention counseling for adults at higher risk
Syphilis Screening	100% of Covered Expense	Screening for all adults at higher risk
Tobacco Use	100% of Covered Expense	Screening for all adults and cessation intervention for tobacco users
PREVENTIVE SERVICES FOR WOMEN, INCLUDING PREGNANT WOMEN		
Wellness Office Visits and Lab Services		
Well-Woman Visits	100% of Covered Expense	Limited to preventive diagnosis only
Anemia	100% of Covered Expense	Screening on a routine basis for pregnant women
Bacteriuria	100% of Covered Expense	Urinary tract infection screening for pregnant women
BRCA Counseling	100% of Covered Expense	Includes genetic test for women at high risk
Breast Cancer Mammography	100% of Covered Expense	Screening every 1 to 2 years for women over 40 years old
Breast Cancer Chemoprevention	100% of Covered Expense	Counseling for women at higher risk
Breastfeeding Consultations	100% of Covered Expense	Comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women.
Cervical Cancer	100% of Covered Expense	Screening for sexually active women

Service	CEDAR Par Provider ONLY	Benefit Limits
Chlamydia Infection	100% of Covered Expense	Screening for younger women and other women at higher risk
Contraception	100% of Covered Expense	FDA approved contraceptive methods, sterilization procedures, and patient education and counselling, not including abortifacient drugs
Domestic & Interpersonal Violence	100% of Covered Expense	Screening and counseling for all women
Folic Acid Supplements	100% of Covered Expense	Supplements for women who may become pregnant
Gestational Diabetes	100% of Covered Expense	Screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
Hepatitis B Screening	100% of Covered Expense	For pregnant women at their first prenatal visit
Osteoporosis	100% of Covered Expense	Screening for women over age 60 or at high risk
Human Immunodeficiency Virus (HIV)	100% of Covered Expense	Screening and counseling for sexually active women
Human Papillomavirus (HPV) DNA Test	100% of Covered Expense	Every 3 years for woman with normal cytology results who are age 30 or older
Rh Incompatibility	100% of Covered Expense	Screening for all pregnant women follow-up testing for women at higher risk
Tobacco Use	100% of Covered Expense	Screening and Intervention and expanded counseling for pregnant tobacco users
Sexually Transmitted Infection (STI)	100% of Covered Expense	Counseling for sexually active women
Syphilis	100% of Covered Expense	Screening for pregnant women or women at higher risk

PREVENTIVE SERVICES FOR CHILDREN

Wellness Office Visits and Lab Services		
Alcohol and Drug Use	100% of Covered Expense	Assessments for adolescents
Autism	100% of Covered Expense	Screening for children at 18 and 24 months
Behavioral Assessments	100% of Covered Expense	Assessments for children of all ages
Cervical Dysplasia	100% of Covered Expense	Screening for sexually active females
Congenital Hypothyroidism	100% of Covered Expense	Screening for newborns
Depression	100% of Covered Expense	Screening for adolescents
Developmental	100% of Covered Expense	Screening for children under age 3; surveillance throughout childhood
Dyslipidemia	100% of Covered Expense	Screening for children at high risk of lipid disorders
Fluoride Chemoprevention Supplements	100% of Covered Expense	For children without fluoride in their water sources
Gonorrhea	100% of Covered Expense	Preventive medication for the eyes of all newborns
Hearing	100% of Covered Expense	Screening for all newborns
Height, Weight and Body Mass Index	100% of Covered Expense	Measurements for children
Hematocrit or Hemoglobin	100% of Covered Expense	Screening for children
Hemoglobinopathies	100% of Covered Expense	Sickle cell screening for newborns
HIV	100% of Covered Expense	Screening for adolescents

Service	CEDAR Par Provider ONLY	Benefit Limits
Immunizations: *Hepatitis A * Hepatitis B *Herpes Zoster *Human Papillomavirus * Measles, Mumps, Rubella *Meningococcal *Varicella *Tetanus, Diphtheria, Pertussis	100% of Covered Expense	All immunizations subject to medical necessity, indications, contraindications and age requirements (special populations and situations may affect medical necessity, age and dose series)
Iron Supplements	100% of Covered Expense	For children 6 to 12 months at risk of anemia
Lead Screening	100% of Covered Expense	For children at risk of exposure
Medical History	100% of Covered Expense	For all children throughout development
Obesity	100% of Covered Expense	Screening and counseling
Oral Health	100% of Covered Expense	At risk assessment for children ages newborn to age ten
Phenylketonuria (PKU)	100% of Covered Expense	Screening for genetic disorders in newborns
Vision	100% of Covered Expense	Screening for children age one to five
Sexually Transmitted Infection (STI)	100% of Covered Expense	Prevention counseling for adolescents at higher risk
Tuberculin Testing	100% of Covered Expense	For children at higher risk of tuberculosis to age 18

Pharmacy Benefit

Prescription Drugs	100% of Covered Expense	Limited to drugs prescribed for preventive services. Generic substitution mandatory. Brand name and Specialty drugs are not available through this plan.
--------------------	-------------------------	--

* Please note the preventive care recommendations and Immunization services listed above, though comprehensive, are subject to change and may not necessarily include all items required by law. Should there be any additional preventive services required by law which are not included above, these services will also be covered under this plan.