

# Preventive Care

## Office Visits

*See your doctor – No copayment required!*

### *A guide to what's covered under your plan*

This is a list of many of the preventive care services offered by Health Net of California, Inc. (Health Net) 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](http://www.healthnet.com/uc).

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Health Net



An office visit for other reasons which may also include preventive care or immunizations will require a \$20 copayment. Contact your PCP to determine what preventive care service you need, as not all preventive services are necessary (or covered) every year.

#### *Adult preventive care services*

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| <ul style="list-style-type: none"> <li>• Periodic health evaluation (an exam directed by the physician; one not required for admission to school or a job, etc.)</li> <li>• Breast exam</li> <li>• Bone density screening for osteoporosis</li> </ul> | <ul style="list-style-type: none"> <li>• Cervical cancer screening test</li> <li>• Colorectal cancer screening</li> <li>• Counseling and education for diabetes</li> <li>• Depression screening</li> <li>• High blood pressure screening</li> </ul> | <ul style="list-style-type: none"> <li>• Laboratory tests and X-rays</li> <li>• Mammography</li> <li>• Pelvic exam</li> <li>• Prostate cancer screening test</li> <li>• Total cholesterol/HDL screening</li> <li>• Vision and hearing exams (as part of a periodic health evaluation)</li> </ul> |
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#### *Immunizations (adult and well-child)*

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| <ul style="list-style-type: none"> <li>• Human papillomavirus (HPV)</li> <li>• Hepatitis A (HepA)</li> <li>• Hepatitis B (HepB)</li> <li>• Influenza</li> <li>• Measles, mumps, rubella (MMR)</li> </ul> | <ul style="list-style-type: none"> <li>• Meningococcal</li> <li>• Pneumococcal (polysaccharide) (PCV)</li> <li>• Tetanus, diphtheria, pertussis (Td/Tdap)</li> <li>• Varicella</li> </ul> | <ul style="list-style-type: none"> <li>• Haemophilus influenzae type b conjugate (Hib)</li> <li>• Inactivated Poliovirus (IPV)</li> <li>• Rotavirus (Rota)</li> </ul> |
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#### *Well-child care services*

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| <ul style="list-style-type: none"> <li>• Periodic health evaluation (an exam directed by the physician; one not required for admission to school or an after-school activity, etc.) until age 16</li> <li>• Blood level screening</li> <li>• Blood pressure</li> </ul> | <ul style="list-style-type: none"> <li>• Counseling and education for diabetes</li> <li>• Developmental screening</li> <li>• Laboratory tests and X-rays</li> <li>• Psychosocial/Behavioral assessment</li> <li>• Vision and hearing exams</li> </ul> |
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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 American Academy of Pediatrics, 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](http://www.ahrq.gov/clinic/uspstfix.htm).

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