

## FOCUS ON PREVENTIVE CARE

### Understanding your coverage

#### What is preventive care?

Cigna Medicare Surround® defines preventive care as periodic well visits, routine immunizations and routine screenings you receive when you have no symptoms or have not been diagnosed with a disease.

While your doctor will determine the tests that are right for you based on your age, gender and family history, here's a list of preventive health services covered by Medicare and your Cigna Medicare Surround plan.

#### Preventive physical exams

**Initial exams** – One *Welcome to Medicare* exam in your first 12 months with Medicare Part B.

**Ongoing exams** – One wellness exam every 12 months.

#### Immunizations

**Flu shot** – Once per flu season.

**Hepatitis B shot** – For those at risk of getting hepatitis B.

**Pneumococcal shot** – Most people only need this shot once in a lifetime. Medicare also covers a different second shot if it's given one year (or later) after the first shot.

#### Screenings

**Alcohol misuse** – One per year for adults who use alcohol but don't meet the medical criteria for alcohol dependency.

**Bone mass measurements** – Once every 24 months (more often if medically necessary) for those who have certain medical conditions or meet criteria.

**Cardiovascular** – Once every five years. *Includes blood tests for cholesterol, lipid, lipoprotein and triglyceride levels to detect risk of heart attack or stroke.*

**Colorectal cancer** – To help find precancerous growths or cancer early, when treatment is most effective. One or more of the following tests may be covered:

- ▶ **Fecal occult blood test** – Once every 12 months for people age 50 and older.
- ▶ **Flexible sigmoidoscopy** – Once every 48 months for people age 50 and older, or 120 months after a previous screening colonoscopy for people not at high risk.
- ▶ **Multi-target stool DNA test** – Covered once every three years for people between the ages of 50-85 showing no symptoms of colorectal disease and at average risk for developing colorectal cancer.
- ▶ **Colonoscopy** – Once every 24 months for people at high risk. Otherwise, once every 120 months, or 48 months after a previous flexible sigmoidoscopy. No minimum age.
- ▶ **Barium enema** – Once every 24 months for people at high risk. Otherwise, once every 48 months for customers age 50 and older when used instead of a sigmoidoscopy or colonoscopy.

**Together, all the way.®**



Offered by: Cigna Health and Life Insurance Company or Connecticut General Life Insurance Company.

832660 h 10/16

**Depression** – One screening per year, must be done in primary care setting.

**Diabetes** – Two screenings each year for those at risk for diabetes.

**EKG or ECG (electrocardiogram)** – One-time screening if ordered by your doctor as part of your *Welcome to Medicare* physical exam.

**Glaucoma** – Once every 12 months for people at high risk of glaucoma.

**Human immunodeficiency virus (HIV)** – Once every 12 months for people between the ages of 15 and 65, or people at increased chance of infection.

**Human Papillomavirus (HPV) tests** (when received with a Pap test) – Once every 5 years for people age 30–65 without HPV symptoms.

**Lung cancer** – Once per year for people with no signs of lung cancer between the ages of 55 and 77 who are current smokers or quit in the last 15 years, and smoked at least one pack a day for 30 years. The test requires a written order from your physician.

**Mammography** – One baseline between the ages of 35 and 39, then once every 12 months for all females age 40 and over.

**Pap test and pelvic exam** – Once every 24 months for all females, or once every 12 months for women at high risk. *Includes pap test, pelvic exam and breast exam.*

**Prostate cancer** – Once every 12 months for all males age 50 and older. *Includes prostate specific antigen (PSA) test and a digital rectal exam.*

**Sexually transmitted infections (STI)** – Once every 12 months.

**Ultrasound for abdominal aortic aneurysm (AAA)** – Once in a lifetime for eligible customers with certain risk factors for AAA. *To be eligible, you must receive a referral from your doctor.*

## Other

**Advance Care Planning** – Medicare covers voluntary Advance Care Planning as part of the Yearly “Wellness” visit.

**Alcohol misuse counseling** – Includes up to four face-to-face visits per year.

**Cardiovascular disease (behavioral therapy)** – Includes one visit per year with your primary care doctor to help lower your risk of cardiovascular disease.

**Diabetes self-management** – Training and education for people with diabetes.

**Hepatitis C** – One test for people born between 1945 and 1965 who are at high risk due to history of illicit injection drug use or had a blood transfusion before 1992.

**Nutritional therapy** – Covered for people with diabetes, kidney disease or post kidney transplant patients.

**Obesity screening and counseling** – Includes intensive counseling for people with a body mass index (BMI) of 30 or more. Medicare may cover individual behavioral therapy sessions to help you lose weight.

**Sexually transmitted infections (STI) screening and counseling** – Once every 12 months or at certain times during pregnancy. Includes up to two face-to-face behavioral counseling sessions for sexually active adults at risk for STIs.

**Tobacco use cessation counseling** – Includes up to eight face-to-face visits in a 12-month period.

## Important notes

- ▶ 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 on results of screenings, and tests to monitor an ongoing condition or prevent a current condition from becoming worse.
- ▶ Additional screenings may be included for those customers at increased risk for a particular disease.
- ▶ Additional immunizations may be covered if you are exposed to a disease or condition.

## Coverage exclusions

Please refer to your medical and pharmacy plan materials to determine if vaccinations, like the ones against shingles (Zostavax®), are covered by your plan.

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 more information and the specific coverage terms of your plan, refer to your Medicare handbook and your Insurance Certificate or your employer's Summary Plan Description.



All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, see your plan documents.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC) and Connecticut General Life Insurance Company. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Policy forms: OK - HC-POL37; TN - HP-POL43; OR - HP-POL38 02-13 (CHLIC). All models are used for illustrative purposes only.

**Cigna Medicare Surround is an employer-sponsored group retiree medical plan that supplements Medicare. It is NOT a standardized Medicare Supplement (Medigap) plan and is NOT offered under a contract with the federal government.**