

PLAN DEDUCTIBLE INFORMATION

The Plan Deductible **does not** apply to the following covered health services when they are rendered by a Participating Provider. Please note that the limitation provisions detailed below only show you when those services do not apply to the Plan Deductible for the identified in-network services.

- Bone Density screenings, age 50 or older, **one every 23 months**
- Colorectal cancer screenings, fecal occult blood test, sigmoidoscopy or colonoscopy (including an associated biopsy performed during a colonoscopy), age 50 or older, **one per contract year**
- Gynecological preventive exam, **one per contract year**
- Immunizations for:
 - Children* - Chickenpox, Diphtheria, Hemophilus Influenza B, Hepatitis A, Hepatitis B, Influenza, Measles, Meningitis, Mumps, Pertussis, Pneumococcus, Polio, Rotavirus, Rubella, and Tetanus
 - Adults* - Chickenpox, Diphtheria, Hemophilus Influenza B, Hepatitis A, Hepatitis B, Herpes Zoster, Influenza, Measles, Meningitis, Mumps, Pertussis, Pneumococcus, Polio, Rubella and Tetanus
- Mammography screenings for:
 - One routine screening between the ages of 35 and 40, then**
 - One routine screening per contract year at age 40 or older**
- Newborn well baby visits
- Outpatient laboratory services (**one per contract year**) associated with preventive exams *limited to*:
 - Blood count
 - Cervical cancer screening - Pap tests
 - Chlamydia and Gonorrhea screening
 - Cholesterol screening
 - Fasting plasma glucose
 - Hematocrit or hemoglobin
 - Human Papillomavirus
 - Lead screening
 - Tuberculin Test
 - Urinalysis
 - Venipuncture
- Preventive exams for adult (**one per contract year**) and pediatric exams as coded by the most current edition American Medical Association's Current Procedural Terminology Coding Manual, including an electrocardiogram
- Prostate cancer screening and associated laboratory tests, age 50 and older, **one per contract year**
- Routine vision exam, **one per contract year**

For help or questions call 1-866-508-0618