

# Health Tradition Health Plan

*A Mayo Clinic Health System Choice in Wisconsin*

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## Covered Preventive Care Services

Each of the services listed is offered as a preventive care service payable at 100 percent per calendar year, unless otherwise specified. Each calendar year is treated as a separate benefit period, so services do not necessarily need to be scheduled a year apart.

Preventive services must be provided by an in-network provider, unless your plan has a rider specifying otherwise. For more information about covered preventive care services, see the chart at right, or consult your Summary of Benefits. If there are any inconsistencies between this document and the Summary of Benefits, the Summary of Benefits will prevail.



Any additional tests or any frequency beyond the limits listed may be subject to deductible, co-insurance, and/or co-payments.

Your provider may initially or periodically provide these services for purposes of diagnosis and/or monitoring of a condition. In those cases, services may be subject to deductible, coinsurance and/or copayments.

Preventive Care Service	Ages					
	< 11	≥ 11	≥ 19	≥ 35	≥ 40	≥ 50
Covered preventive care services include all age-appropriate screenings, as specified by the Designated Guideline: the US Preventive Services Task Force (USPSTF).						
<b>Well Child Care</b> • Through age 18 (Includes but not limited to immunizations; counseling services for the prevention of substance use, STDs and obesity; lead poisoning screenings; and other age-appropriate blood tests as determined by the provider.)	X	X				
<b>Immunizations (excludes foreign travel)</b> Adult and child immunizations recommended by the Advisory Committee for Immunization Practices (ACIP). Including, but not limited to: • Influenza/Pneumococcal/Meningococcal vaccines, as recommended • Gardasil (HPV) vaccine (limited to girls 9 years and older)	X	X	X	X	X	X
<b>Blood Lead Screening (does not include hemoglobin)</b>	X	X	X	X	X	X
<b>Hearing Exam</b>	X	X	X	X	X	X
<b>Vision Exam</b> • May be provided as an Eye Chart screening at the provider visit, and/or • One optometrist/ophthalmologist visit	X	X	X	X	X	X
<b>Adult Wellness/Preventive Exam (includes shingles vaccine for ages 60 and older)</b>			X	X	X	X
<b>Lipid Panel</b> • Includes cholesterol, lipoproteins, and triglycerides; may be individual tests			X	X	X	X
<b>Glucose Screening – does not include HbA1c for diabetics</b>			X	X	X	X
<b>Prostate Specific Antigen (PSA) test (men)</b>					X	X
<b>Pap Smear (women)</b>		X	X	X	X	X
<b>Mammogram (women)</b> • One baseline prior to age 35 may be considered for family history of parent, sibling or children having had breast cancer pre-menopause. • Does not include ultrasound or MRI as preventive benefit (covered as diagnostic benefit)				X	X	X
<b>Colorectal Cancer Screening</b> • Includes colonoscopy, sigmoidoscopy, fecal occult blood test series, or CT colonography (as determined by the provider) • Depending on the test, administered every 5 or 10 years, as specified by the Designated Guideline - USPSTF • If age less than 50 years, administered every 5 years only if there is a family history						X
<b>Sexually Transmitted Disease (STD) Screening</b> • Chlamydia, Gonorrhea, and Papillomavirus (HPV)		X	X	X	X	X