

Health Tradition Health Plan

A Mayo Health System Choice in Wisconsin

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Covered Preventive Care Services

Each of the following is offered as a preventive service payable at 100% once 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, co-insurance and/or co-payments.

Preventive Care Service	Ages					
	< 11	≥ 11	≥ 19	≥ 35	≥ 40	≥ 50
Well Child Care • Through age 18 (Includes age-appropriate blood tests as determined by provider)	X	X				
Immunizations (excludes for foreign travel) • Schedule recommended by provider, some age limits may apply to certain vaccines per FDA approval • Flu/Pneumococcal Vaccine, children & adults as recommended • Flu Mist, age 2-49 years • Gardasil (HPV) vaccine limited to girls 9 years or older	X	X	X	X	X	X
Blood Lead Screening (does not include hemoglobin)	X	X	X	X	X	X
Hearing Exam	X	X	X	X	X	X
Vision Exam • May be provided as an Eye Chart screening at the provider visit, and/or • One optometrist/opthamologist visit	X	X	X	X	X	X
Adult Wellness/Preventive Exam (includes shingles vaccine for ages 60 and older)			X	X	X	X
Lipid Panel • Includes cholesterol, lipoproteins, and triglycerides; may be individual tests			X	X	X	X
Glucose Screening – does not include HbA1c for diabetics			X	X	X	X
Prostate Specific Antigen (PSA) test (men)					X	X
Pap Smear (women)		X	X	X	X	X
Mammogram (women) • 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
Fecal Occult blood Test (series of three)						X
Barium Enema • Every 5 years						X
Flexible Sigmoidoscopy • Every 5 years • Age less than 50 years: every 5 years only if family history						X
Colonoscopy - Please note: Under Premier One, colonoscopies are covered as outpatient diagnostic lab services, not as preventive care. • Every 10 years; every 5 years if family history • Age less than 50 years: every 5 years only if family history						X
Sexually Transmitted Disease (STD) Screening • Chlamydia, Gonorrhea, and Papillomavirus (HPV)		X	X	X	X	X