



Anthem's Lumenos Plans Preventive Care Recommended Services Group & Individual Business

Item	Category	Service	Description
1	Child	Immunization	H.Influenza type b
2	Child	Immunization	Influenza (flu shot)
3	Child	Immunization	Pneumococcal Conjugate (pneumonia)
4	Child	Immunization	Tetanus, Diphtheria, Pertussis (DTaP)
5	Child	Immunization	Measles, Mumps, Rubella (MMR)
6	Child	Immunization	Hepatitis A
7	Child	Immunization	Hepatitis B
8	Child	Immunization	Varicella (chicken pox)
9	Child	Immunization	Polio
10	Child	Screening	Lead level
11	Child	Screening	Vision
12	Child	Screening	Hearing
13	Child Female	Exam	Routine pelvic, pap test, and contraceptive mgt
14	Child	Office Visit	Well care
15	Child	Office Visit	Well care
16	Child	Office Visit	Well care
17	Adult	Immunization	Influenza (flu shot)
18	Adult	Immunization	Pneumococcal Conjugate (pneumonia)
19	Adult	Immunization	Tetanus, Diphtheria (Td)
20	Adult	Immunization	Measles, Mumps, Rubella (MMR)
21	Adult	Immunization	Hepatitis A
22	Adult	Immunization	Hepatitis B
23	Adult	Immunization	Varicella (chicken pox)
24	Adult	Immunization	Meningococcal
25	Adult	Screening	Colorectal cancer (fecal occult blood)
26	Adult	Screening	Colorectal cancer (flex sig)
27	Adult	Screening	Colorectal cancer (colonoscopy)
28	Adult	Screening	Type II Diabetes (blood glucose test for high-risk individuals such as hypertension)
29	Adult Female	Screening	Osteoporosis (bone density)
30	Adult Female	Screening	Cholesterol
31	Adult Female	Screening	Lipid
32	Adult Male	Screening	Cholesterol
33	Adult Male	Screening	Lipid
34	Adult Male	Screening	Prostate cancer (digital rectal examination)
35	Adult Male	Screening	Prostate cancer (prostate specific antigen)
36	Adult	Exam	Physical
37	Adult Female	Exam	Breast
38	Adult Female	Exam	Mammogram
39	Adult Female	Exam	Routine pelvic, pap test, and contraceptive mgt
40	Child	Immunization	Meningococcal Polysaccharide
41	Child	Immunization	Rotavirus
42	Adult	Screening	Colorectal cancer (air contrast barium enema)
43	Adult	Screening	HIV testing
44	Adult Female	Exam	Chlamydia test (as part of routine pelvic exam)
45	Child	Immunization	Human Papilloma Virus (HPV) Vaccine

Notes:

- Cover at 100 percent when INN providers are used.
 - Subject to deductible and co-insurance when OON providers are used.
 - Subject to deductible and co-insurance if the service is billed as something other than preventive care.
 - Some individual plans have 80% preventive coverage. Please see plan summary for details.

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