oscar

Preventive care

Preventive care is routine health care that includes certain types of immunizations, lab tests, screenings, and other services intended to prevent illness, disease, or other health problems. As long as you see an in-network health care provider, and the care is medically appropriate, you can take advantage of these benefits for $0.

Oscar Medical coverage is underwritten by Oscar Insurance Company and its affiliates. Administrative Services for all plans provided by Oscar Management Corporation. All insurance policies and group benefit plans contain exclusions and limitations. For availability, costs, and complete details of coverage, contact Oscar at 1-855-672-2788

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A service can be considered preventive ($0) or diagnostic (not $0)

Depending on why it's performed and how it's coded by your provider, the same service can be considered either preventive or diagnostic, with different cost implications for you.

	$0 Preventive	Diagnostic
Reason for service	General screenings to ensure that you are healthy and to detect potential health concerns early, when no symptoms are present.	To diagnose specific conditions and/or determining a course of treatment based on your symptoms.
Your Cost	$0, at no cost to you.	You'll be responsible for the entire cost—or a share of the cost—depending on your plan.
Example 1 Sexually transmitted infection (STI)	You don't have any STI symptoms, but you receive an STI test as part of your annual physical. This is considered preventive, so the test is $0.	You visit your provider because you're experiencing itching and burning symptoms, so they give you an STI test. Regardless of the test's outcome, this test is considered diagnostic. This means you're responsible for the entire cost—or a share of the cost.
Example 2 Mammogram	You're 40 years old and receive a mammogram annually, even though you aren't experiencing any symptoms related to breast cancer. This is considered preventive, so the mammogram is free.	You felt a lump in your breast and your provider recommended getting a mammogram. Regardless of the outcome, the mammogram is considered diagnostic. This means you're responsible for the entire cost—or a share of the cost.

Don't forget: both preventive and diagnostic services can be performed in the same visit.

If a preventive service is performed during an office visit where it's not the primary purpose of your visit, the preventive service is $0, but you'll be responsible for the entire cost—or a share of the cost—for the office visit itself depending on your plan.

If new or existing health problems are identified and/or addressed during a preventive care visit, the visit itself and any preventive services performed during the visit will be $0, but you'll be responsible for the entire cost—or a share of the cost—for any non-preventive services performed during the visit.

Ages 18+



Annual Physicals and Well-woman Visits

Every Oscar member has a preventive annual physical covered with a Primary Care Provider in Oscar's network. You should not be asked to pay a copay at your annual physical. Every adult with a female reproductive system also gets a well-woman visit each year, in addition to their annual physical. These can be done with your Primary Care Provider. You should not be asked for a copay at your well-woman visit.



What's $0 during my annual physical and/or well-woman visit?
Any preventive services can be done during this visit, but frequently include:

- ○ Age-appropriate vaccines
- ○ Blood pressure check
- ○ Depression screening
- ○ Cervical cancer screening, or Pap Smear*
- ○ Sexually transmitted infection (STI) screening
- ○ Hepatitis A screening for at-risk individuals
- ○ Gynecological exam
- ○ Contraceptives (device, insertion, removal, and pregnancy testing



What's not $0 during my annual physical and/or well-woman visit?
The services below may be included in your annual physical or well-woman visit, but are not preventive. They may be covered by your plan if medically necessary, but you will be responsible for the entire cost—or a share of the cost—depending on your plan. Talk to your provider about whether or not they think the following tests are necessary at your annual physical.

- All thyroid blood panels
- Vitamin testing: B-12, iron, folate, zinc, K+, vitamin D, etc.
- Complete Blood Count (CBC)
- Comprehensive metabolic panel
- Electrocardiograms (EKG/ECG)
- Herpes test (culture or serum)
- Complete Urinalysis (in-office dipstick is covered)
- Venipuncture (drawing blood)
- Vaginal swabs (yeast, BV or trichomonas)

*Make sure to tell your provider to send your Pap Smear and any other labs to Quest Diagnostics to avoid a surprise bill from an out-of-network lab.

Questions I have for my provider before my visit:

What my provider told me:

Who's considered a Primary Care Provider?

- Primary Care
- Internal Medicine
- Family Medicine
- OB-GYN or Gynecologist
- Physician's Assistant
- Nurse practitioner

What else do I need to know?

You may also have a new or existing health problem identified and addressed during a preventive health care visit, so your provider may bill for a second visit if they spend more time on those issues than expected In these cases, any preventive procedures will be covered-in-full, and you'll be responsible for a cost-share of any diagnostic procedures according to your plan.

If a preventive service is provided during an office visit where the preventive service is not the primary purpose of the visit, you'll be responsible for a share of the cost that would ordinarily apply to the office visit.

Please note: copays may be required if you have multiple problems during a physical. If you want to discuss multiple issues that aren't included in a standard physical, the doctor may code for a simultaneous visit, which will require a copay. This can also happen if the doctor spends more than expected time on these issues.

Where do I send my labs?

Ask your provider to send your labs to **Quest Diagnostics**, Oscar's preferred partner, to avoid a surprise bill from an out-of-network lab. When you send your labs to Quest Diagnostics you'll be able to see your lab results in your Oscar account online or in the app.

I got billed for a preventive service. What should I do?

If you receive a claim for a preventive service that you think your provider billed incorrectly, contact your Care Team team and they can help sort it out. Keep in mind that your Care Team can only process claims as they are received, and cannot advise your provider how to code a service before receiving the claim. If you receive a bill from Quest Diagnostics, you can contact them directly.

Adult Assessments

Service	Who's Eligible
Alcohol and drug use (screening and counseling)	All adults.
Blood pressure check	All adults.
Depression screening	All adults.
Tobacco use screening	All adults.
Interpersonal or domestic violence screening	All adults.
HIV screening and counseling	All adults.
Patient education and counseling on contraceptives	All adults.
Sexually Transmitted Infection (STI) counseling	All adults.
Obesity screening and counseling	All adults.
Diet and physical activity counseling	All adults.
Behavioral counseling to prevent skin cancer	All adults.
Prostate cancer screening	All adults with prostates ages 50 to 69 years old; adults age 40 to 49 years at high risk of developing prostate cancer. Cost share varies by plan.*
BRCA1 or BRCA 2 counseling (may require prior authorization)	Adults with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or an ancestry associated with BRCA1/2 gene mutation.
Breast Cancer Chemoprevention counseling	Adults with high risk for breast cancer based on your family or personal history.
Fall prevention	Exercise interventions to prevent falls in community-dwelling adults over the age of 65.

*Excluding New York

Adult Assessments

Service	Who's eligible
Cholesterol screening (lipid panel)	All adults.
Prostate-specific antigen test	All adults with prostates ages 50 to 69 years old; adults age 40 to 49 at high risk of developing prostate cancer. Cost share varies by plan.
Latent Tuberculosis (TB) Screening	All adults.
Chlamydia screening	All adults.
Human immunodeficiency virus (HIV) screening	All adults.
Breast cancer Chemoprevention/counseling	All adults.
Type 2 diabetes screening	Adults 35 to 75 years who have obesity or are overweight.
Syphilis	All adults.
Hepatitis C Screening (HCV)	Adults at risk for infection; adults 18 to 79.
Gonorrhea screening	All adults.
Human papillomavirus DNA testing	Adults with a cervix 21 to 65 years old.
BRCA1 or BRCA 2 genetic testing	Adults with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or an ancestry associated with BRCA1/2 gene mutation.
Cervical cancer screening, or pap smear.	Adults with a cervix 21 to 65 years old.

Which common labs are <u>not</u> considered preventive?
When you receive the following lab work, you may be responsible for the entire cost—or a share of the cost—depending on your plan.

- All thyroid blood panels
- Vitamin testing: B-12, iron, folate, zinc, K+, vitamin D, etc.
- Complete Blood Count (CBC)
- Comprehensive metabolic panel or basic metabolic panel
- Electrocardiograms (EKG/ECG)
- Herpes test (culture or serum)
- Complete Urinalysis (in-office dipstick is covered)
- Venipuncture (drawing blood)
- Vaginal swabs (yeast, BV or trichomonas)

Please note: Sometimes providers may send your tests to a lab that isn't covered by Oscar. Always remember to ask your provider to send your lab work to Quest Diagnostics, Oscar's preferred lab partner, to avoid a surprise bill.

*Your provider is responsible for filing a prior authorization with Oscar before proceeding with the test. Once we authorize the test, you're good to go.

Imaging and Screening Procedures for Adults

Service	Who's eligible
Colorectal cancer screening (Ex. colonoscopy)	Adults 45 years and older, or younger adults at higher risk due to personal or family history. We cover conscious sedation/analgesia for all members. For individuals at higher risk we also cover general anesthesia. Note that If your colonoscopy is run for diagnostic reasons, you may be responsible for a share of the cost.
Lung cancer screening	Adults age 50 and over with a history of smoking.
Screening for abdominal aortic aneurysm	Adults age 50 and over with a history of smoking.
Breast cancer mammography	Adults 40 years and older, annually. Not all breast imaging procedures may be preventive. Ask your provider or contact your Care Team for more details.
Osteoporosis, or bone density scan (DEXA)	Adults over age 65 or younger if at high risk.

Which common labs are <u>not</u> considered preventive?

Any additional tests or services that are not listed above may not be considered preventive. When you receive lab work for these tests, you may be responsible for the entire cost—or a share of the cost—depending on your plan and whether or not the lab work was medically necessary.

Please note: Some imaging procedures, even if done for preventive reasons, may require prior authorization. You or your provider can contact us regarding these authorization requirements.

Immunizations for Adults

Service	Who's eligible
Tdap: tetanus, diphtheria, pertussis (whooping cough)	All adults.
Td (tetanus and diphtheria)	All adults.
Varicella (chickenpox)	All adults.
Human papillomavirus (HPV)	All adults.
Measles, mumps, rubella (MMR)	All adults.
Pneumococcal (PCV13, PPSV23, or pneumonia)	All adults.
Hepatitis A	All adults.
Hepatitis B	All adults.
Hemophilus influenza B Immunization	All adults.
Influenza (flu shot):	All adults, once per year.
Meningococcal (meningitis), A, C, W and Y.	All adults, B only preventive if risk criteria are met.
Herpes zoster (Shingles), for those 50+	Adults age 50 and over. Or adults 19 and over with a weakened immune system because of disease or treatments.
COVID-19	All adults.
RSV vaccines Abryso and Arexy	All adults age 60 and over.

Which common immunizations are <u>not</u> considered preventive?
When you receive the following immunizations you may be responsible for the entire cost—or a share of the cost—depending on your plan.

- Travel vaccines: BCG tuberculosis,Typhoid (oral or injection), Japanese Encephalitis, Rabies, Smallpox, Malaria prophylaxis pills, Yellow Fever, etc.
- Allergy shots

Drugs for Adults

There are some preventive medications that are classified as Tier 0 and are covered-in-full if they are filled at an in-network pharmacy. To see the tier and your cost share for a specific medication, log in to your account at hioscar.com/member and type your medication name into the search bar. Not all brands, dosages, or varieties of these types of medications may be covered or considered preventive under your plan.

Service	Who's eligible / Limitations
Aspirin	$0 copay for members age 50-59 or members at risk for preeclampsia.
Tobacco-cessation medicine	All adults, if approved by the U.S. Food and Drug Administration (FDA), prescribed by a health care provider, and filled at a participating pharmacy.
Bowel preparation medication	Adults eligible for colorectal cancer screening (colonoscopy).
All statins	Members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease.
Folic acid supplements	Menstruating adults who are planning or capable of pregnancy.
Tamoxifen, Raloxifene, or Aromatase inhibitors	Adults ages 35 and older for the primary prevention of breast cancer or at increased risk for breast cancer.
Contraceptives	All ages for the prevention of pregnancy
Diabetes prevention medication	Adults ages 35 to 70 years old for prevention of diabetes
HIV prevention medication	Persons who are at risk for acquiring HIV

Which common medications are not considered preventive?

When you receive drugs that are not classified as Tier 0 in the formulary list, you may be responsible for the entire cost—or a share of the cost—depending on your plan and whether or not the medication was medically necessary.

Pregnancy

We believe everyone deserves the same attentiveness and care during pregnancy. If you don't identify as female and are giving birth, we're equally committed to supporting your needs. (You deserve it.) We love our LGBTQ+ members and we'll take care of you.



Assessments for Pregnant Individuals

Service	Who's eligible / Limitations
Routine prenatal visits	All pregnant individuals. The exact number of visits will depend on your practitioner.
General physical exam	All pregnant individuals.
Social & family history discussion	All pregnant individuals.
Expanded counseling on tobacco use	All pregnant individuals.
Maternal depression screening	All pregnant individuals.
Expanded counseling on tobacco use	All pregnant individuals.
Breast-feeding support, supplies and counseling	All pregnant individuals. Contact Oscar to find in-network options. Out of network consultants will not be covered unless pre-approved by Oscar or you are enrolled in a plan with out of network benefits.
Breast Pump	All pregnant individuals have one pump per duration of breastfeeding. These must be rented from the hospital, or purchased from an in-network durable medical equipment (DME) vendor.
Some Maternity-related classes	Some Maternity-related classes.. All pregnant individuals. Contact your Care Team for specific classes.
Preeclampsia prevention and screening	Pregnant individuals with high blood pressure.

Labs for Pregnant Individuals

Service	Who's eligible / Limitations
Iron-deficiency anemia screening	All pregnant individuals.
Gestational diabetes screening	All pregnant individuals at 24 weeks of gestation or after.
Hepatitis B screening	All pregnant individuals, at first prenatal visit.
HIV screening	All pregnant individuals.
Rh (D) blood typing and antibody testing incompatibility screening	All pregnant individuals, follow up testing for adults at higher risk.
Syphilis screening	All pregnant individuals.
Chlamydia screening	All pregnant individuals.
Gonorrhea screening	All pregnant individuals.
Asymptomatic Bacteriuria urinary tract or other infection screenings	All pregnant individuals at the first prenatal visit or at 12 - 16 weeks of gestation.

Which common pregnancy labs and screenings are <u>not</u> considered preventive?
When you receive the following labs, you may be responsible for the entire cost—or a share of the cost—depending on your plan and whether or not the lab work was medically necessary.

- Genetic testing
- Pregnancy testing (if not related to contraceptive removal)
- Ultrasounds
- Sonograms

Please note: Sometimes providers may send your tests to a lab that isn't covered by Oscar. Always remember to ask your provider to send your lab work to **Quest Diagnostics**, Oscar's preferred lab partner, to avoid a surprise bill.

Immunizations for Pregnant Individuals

Service	Who's eligible / Limitations
Tdap immunization	All pregnant individuals.
Influenza (flu shot)	All pregnant individuals.

Drugs for Pregnant Individuals

There are some preventive medications that are classified as Tier 0 and are covered-in-full if they are in Oscar's drug formulary list and filled at an in-network pharmacy. To see the tier and your cost share for a medication, log in to your Oscar account at hioscar.com/member and enter the medication name into the search bar. Keep in mind that not all brands, dosages, or varieties of these types of medications may be covered or considered preventive under your plan.

Service	Who's eligible / Limitations
Aspirin	Individuals after 12 weeks of gestation in persons who are at high risk for preeclampsia.
Folic acid supplements	Individuals ages 12 and over.
Prenatal vitamins	See formulary for specific versions.

Ages 0-18

- Newborns
- Children
- Adolescents



Assessments for Newborns

Service	Who's eligible / Limitations
Well-child visits	Discuss appointment frequency with your provider.
Autism screening	All newborns.
Behavioral assessments	All newborns.
Blood pressure screening	All newborns.
Height, Weight, and Body Mass Index measurements	All newborns.
Medical history throughout development	All newborns.
Obesity screening and counseling	All newborns.
Vision screening	All newborns.
Gonorrhea prophylactic ocular medication	All newborns, to prevent blindness.
Hearing screening	All newborns, one-time test, if they were not tested at the hospital after delivery.
Standard metabolic screening panel	All newborns.
Enzyme deficiency disease screening	All newborns.

Labs for Newborns

Service	Who's eligible / Limitations
Hemoglobinopathies (Sickle Cell) screening	All newborns.
Congenital hypothyroidism screening	All newborns.
Phenylketonuria (PKU) screening	All newborns.

Assessments for Children & Adolescents

Service	Who's eligible / Limitations
Behavioral / psychosocial issue counseling	All children and adolescents.
Height, weight and body mass index	All children and adolescents.
Medical History	All children and adolescents.
Obesity screening and counseling	All children and adolescents.
Developmental screening	All children and adolescents.
Hearing tests	All children and adolescents.
Autism screening	Children at 18 and 24 months.
Development screening	Children under age 3, and surveillance throughout childhood.
Oral health	Risk assessment for young children.
Blood pressure screening	Children age 3 and older.
Counseling and fluoride varnish	Children age 0-6 years, to prevent dental cavities in a primary care setting.
Vision screening for amblyopia (lazy eye)	Children ages 3-5. (Standard eye exams are not preventive and may be subject to cost sharing.)
Obesity Screening	Children age 6 and older.
Behavioral counseling to prevent skin cancer	All children and adolescents.
Tobacco use counseling	All children and adolescents, interventions including education or counseling to prevent invitation of tobacco use.
Depression screening, for major depressive disorder (MDD)	Adolescents age 12 to 18 years.
Alcohol and drug use counseling	All adolescents.
STI prevention	Adolescents at higher risk.*
HIV Counseling	Adolescents at higher risk.*

*Adolescents with a personal or family history of STIs and/or HIV.

Labs for Children & Adolescents

Service	Who's eligible / Limitations
Lead	Children at risk for exposure.
Lipid disorders (dyslipidemia screening)	Children at higher risk.
Hematocrit or hemoglobin	All children and adolescents.
Tuberculin testing	Children at higher risk of tuberculosis.
Anemia screening	All children and adolescents.
Hepatitis C screening	Children at higher risk, including children born to HCV-positive mothers.
Chlamydia screening	Sexually active adolescents.
Gonorrhea screening	Sexually active adolescents.
Human immunodeficiency virus (HIV)	Adolescents at higher risk.

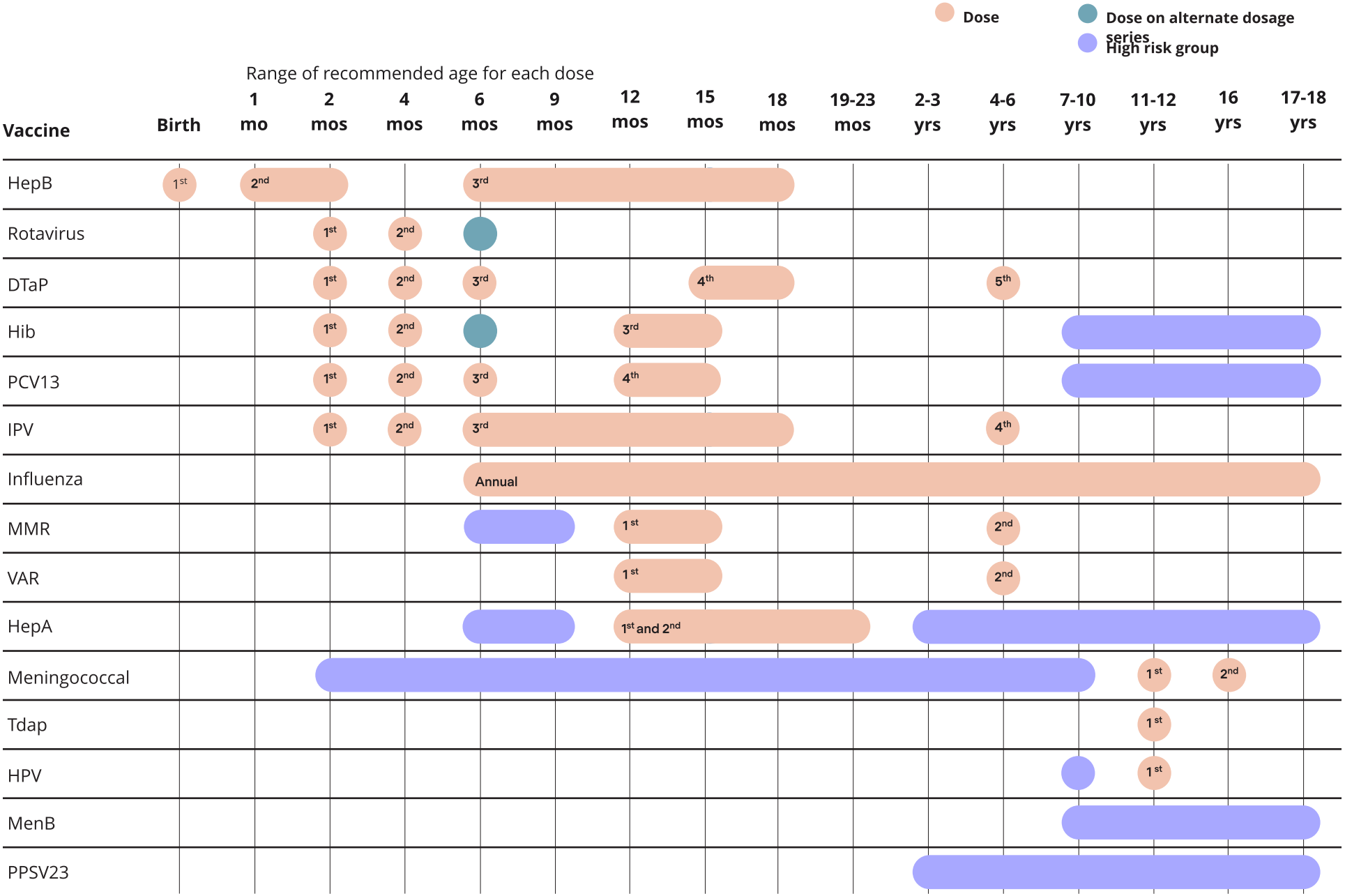
Immunizations for Children & Adolescents

Speak with your child's doctor about what immunizations they suggest in what time frames.

Service	Who's eligible / Limitations
Rotavirus	Children 6 weeks-6 years.
Haemophilus influenzae type B	Children 6 weeks-6 years.
HPV (human papillomavirus), age 9+	Children age 9 and above.
Tdap and Dtap (tetanus, diphtheria and pertussis[whooping cough])	All children and adolescents.
Meningococcal (meningitis) A,C, W and Y	All children / adolescents, Type B covered for those at high risk.
Influenza (flu shot)	All children and adolescents.
Pneumococcal (PCV13, PPSV23, or pneumonia)	All children and adolescents.
Hepatitis A	All children and adolescents.
Hepatitis B	All children and adolescents.
Inactivated poliovirus	All children and adolescents.
MMR (measles, mumps, and rubella)	All children and adolescents.
Varicella (chickenpox)	All children and adolescents.
COVID-19	Children and adolescents, according to the ages and frequency recommended by the ACIP.
RSV vaccine	Children 19 months and younger

Immunizations Timetable

Speak with your child's doctor about what Immunizations they suggest. Ask if they should be on an alternate dosage series or if they are in a high risk group.



Please note: If you want to learn more about alternate dosage series or have questions about immunization side-effects, please speak with your provider.

Source: cdc.gov/vaccines/schedules/easy-to-read/child-easyread.html

Access your preventative benefits online using your Oscar account

Speak with your child's doctor about what immunizations they suggest in what time frames.

How to create an account

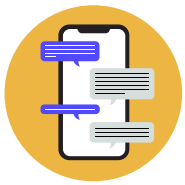
With an Oscar account, you can view your plan documents and ID card, claims, deductible, and benefits information. You can find additional preventive care information under "Benefits" in your web profile.

To set up an online account, go to hioscar.com/register. You can also call your Care Team at 855-672-2755 to get instructions on how to set up an account.



Care Team

As an Oscar member, you have access to a dedicated Care Team who can help you navigate your plan and benefits. Your Care Team is made up of care guides and a nurse, so you can consider them your personal squad of health experts.



You can message your Care Team online or in the Oscar app through your account.

You can also call them at 855-672-2755. If you are experiencing a life-threatening emergency, please call 911.



For more information on preventive benefits, visit your Documents & Forms page in your online account at hioscar.com/member.