



Preventive/Wellness Insurance Benefits

PREVENTATIVE CARE OFFICE VISITS	Such as routine physical, well-child visits.
MAMMOGRAM	Plan covers one mammogram per plan year; there is no age restriction or diagnosis needed. Note: For those on the HDHP, the procedure must be billed as preventive in order to be covered at 100%.
DEXA SCREENING	Plan covers one age-appropriate DEXA scan for osteoporosis screening (with referral) per plan year.
COLONOSCOPY	Plan covers one colonoscopy per plan year; there is no age restriction or diagnosis needed. Only one test is covered at 100%; you choose either a colonoscopy or Cologuard. Note: For those on the HDHP, the procedure must be billed as preventive in order to be covered at 100%.
COLOGUARD	Plan covers one age-appropriate (50+) Cologuard test per plan year. Only one test is covered at 100%; you choose either a colonoscopy or Cologuard. Note: For those on the HDHP, the procedure must be billed as preventive in order to be covered at 100%.
EYE EXAM	Plan will pay up to \$130 every 12 months toward a routine eye exam with a \$25 copay. (\$130 limit only applies to those age 19 and over.) Those on the HDHP plan are subject to deductible and coinsurance.
IMMUNIZATIONS	Paid at 100% in-network if no office visit incurred and billed.
PRESCRIPTION & OVER-THE-COUNTER TOBACCO CESSATION PRODUCTS	Prescription is needed for tobacco cessation medications to be paid with no copay.
MENTAL HEALTH COUNSELING	Plan covers with a \$25 copay for the Standard and Choice plans. Employees on the HDHP plan will pay deductible/coinsurance.

GENDER SPECIFIC EXAMS

MEN (Recommended)	
	Physical Exam
	Dental Exam
	Prostate Exam
	Influenza Vaccine (Flu Shot)
	Eye Exam
	Pneumonia Vaccine
	Shingle Vaccine
	Fecal Occult Blood Test
	Prostate Specific Antigen Test
	Colonoscopy
	Osteoporosis Screen

WOMEN (Recommended)	
	Physical Exam
	Dental Exam
	Influenza Vaccine
	Pap Test
	Eye Exam
	Pneumonia Vaccine
	Shingle Vaccine
	Mammogram
	Fecal Occult Blood Test
	Colonoscopy
	Osteoporosis Screen

* May vary, depending on age.

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DENTAL INSURANCE

Delta Dental of Colorado

Oral Exams & Cleanings:	2x in a 12-month period.
Bitewing X-Rays:	1x in a 12-month period.
Full Mouth X-Rays:	One per every 36 months.
Fluoride:	2x in a 12-month period, through age 15.

Prevention First Dental benefit extends each family member's annual maximum amount. Diagnostic and preventive care services do not count against your annual maximum.

- Members who visit the dentist at least once a year for preventive care immediately benefit by not using those dollars under their annual maximum.
- Promotes regular visits to the dentist for preventive care, which can improve your overall health.



VISION INSURANCE

Vision Service Plan

Well Vision Exam:	Every calendar year, with a \$15 copay. Focuses on your eyes and overall wellness.
Diabetic Eyecare Plus Program:	\$20 copay, as needed. Services related to diabetic eye disease, glaucoma, and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply.

Frames, lenses, and contacts available.



EMPLOYEE ASSISTANCE PROGRAM

ComPsych

Provides support, resources, and information for personal and work-life issues. The EAP is confidential and provided at no charge to you and your eligible dependents.

- Confidential Counseling (6 free visits)
- Financial Information and Resources
- Legal Support and Resources
- Work-Life Solutions
- GuidanceResources Online