

BENEFITS FOR COVERED SERVICES	USA HEALTH PLAN	
	BLUE CROSS AND BLUE SHIELD PROVIDERS	USA HEALTH SYSTEM PROVIDERS

PREVENTIVE CARE SERVICES		
Benefits for preventive care services are available <u>only</u> when rendered by a Blue Cross and Blue Shield Provider.		
Inpatient Physician visit for routine newborn care	Plan pays 100%, no Copay; limited to one inpatient exam	
Routine well child examinations, birth through age 6	Plan pays 100% after \$25 Copay; limited to 9 visits during the first 2 years of the child's life and then one visit each Calendar Year thereafter through age 6	Plan pays 100%, no Copay; limited to 9 visits during the first 2 years of the child's life and then one visit each Calendar Year thereafter through age 6; \$10 Copay may apply to other medical services received during office visit
Periodic health assessment, including complete blood count, urinalysis, TB skin test	Plan pays 100% after \$25 Copay; limited to one exam every two Calendar Years for Members age 7 through 34, and one exam each Calendar Year for Members age 35 and older	Plan pays 100%, no Copay; limited to one exam every two Calendar Years for Members age 7 through 34, and one exam each Calendar Year for Members age 35 and older; \$10 Copay may apply to other medical services received during office visit
Routine immunizations	Plan pays 100% after Physician office visit Copay if applicable	
Routine pap smear	Plan pays 100% after Physician office visit Copay if applicable; limited to one per Calendar Year	
Routine mammogram	Plan pays 100% after Physician office visit Copay if applicable; limited to one exam for women between the ages of 35 and 39 and one per year for women age 40 and over	
Routine prostate specific antigen	Plan pays 100% after Physician office visit Copay if applicable; limited to one per year for males age 40 and over	
Routine cholesterol test	Plan pays 100% after Physician office visit Copay if applicable; limited to one every 5 Calendar Years for Members age 18 and older	
Colorectal cancer screening	Plan pays 100% after Physician office visit Copy if applicable; limited to Members age 50 and over, including: one fecal occult blood test each Calendar Year; one flexible sigmoidoscopy every three Calendar Years; one double-contrast barium enema every five Calendar Years; one colonoscopy every 10 Calendar Years	
Routine vision exam	Plan pays 100% after \$25 Copay; limited to one per Calendar Year	