

# Health Tradition Health Plan

1808 E. Main Street  
Onalaska, WI 54650  
Phone: 608-781-9692  
Toll-Free: 1-888-459-3020

[www.healthtradition.com](http://www.healthtradition.com)

## Covered Preventive Care Services Franciscan Skemp Employees

Each of the following is offered as preventive service payable at 100% once each calendar year unless otherwise identified. Services do not need to be scheduled over 365 days apart, for instance; calendar year is used as the benefit period. Preventive services must be provided by an in-network provider. Consult your Summary of Benefits. The benefit on your Summary of Benefits shall 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 be providing some of these services initially or periodically 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, children only ages 2-18 years • Gardasil (HPV) vaccine limited to girls 9 years or older	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/ophthalmologist visit	X	X	X	X	X	X
Adult Wellness/Preventive Exam			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				X	X	X
Fecal occult blood test (series of three)						X
Barium enema • Every 5 years						X
Flexible sigmoidoscopy • Every 5 years						X
Colonoscopy • Every 5 years • Benefit begins anew on January 1, 2008						X
Sexually Transmitted Disease (STD) Screening • Chlamydia, Gonorrhea, and Papillomavirus (HPV)		X	X	X	X	X