

# 2020 Cigna Global Health Preventive Care Schedule

## Quick Reference Guide

Your health plan focuses on helping to keep you well, rather than just providing coverage for covered illness or injury. Your plan includes coverage for preventive care services for men, women and children and complies with the Affordable Care Act — including expanded preventive care for women. It is important to note that your health plan does not provide coverage for certain prescription drugs.

Listed below are services that may be covered as preventive care under your plan. Other services provided at the time of your well visit or checkups that are not listed as preventive will be considered under your standard medical coverage. This means you may be responsible for paying a share (co-pay or co-insurance) of the costs for those services that may be different from the share you pay — if any — for preventive services. Please see your plan materials for specific details about your coverage.

	Outside U.S.	In-network U.S.	Out-of-network U.S.
<b>Cancer Screening:</b> Mammogram, PSA, pap smear and colorectal cancer screening charges	100% of covered expenses	100% of covered expenses	Not covered
<b>Colorectal Cancer Screening:</b> Annually age 50 and older	100% of covered expenses	100% of covered expenses	Not covered
<b>Lung Cancer Screening:</b> Annually ages 55 to 80 with smoking history. Computed tomography requires precertification.	100% of covered expenses	100% of covered expenses	Not covered
<b>Routine Lead Screening:</b> Children 12 months of age or 6 years and younger that are considered at risk	100% of covered expenses	100% of covered expenses	Not covered
<b>Routine Mammogram:</b> Women at risk prescribed by a physician, women ages 40 to 49 every 2 years and women age 50 and older annually	100% of covered expenses	100% of covered expenses	Not covered
<b>Routine Pap Smear:</b> Annually	100% of covered expenses	100% of covered expenses	Not covered
<b>Routine PSA:</b> Annually or prescribed by a physician following the results of treatment for patients with known prostate cancer	100% of covered expenses	100% of covered expenses	Not covered
<b>Preventive Medication:</b> Smoking cessation drugs: Coverage for OTC and generic drugs Breast cancer preventive drugs: Tamoxifen and Raloxifene	100% of covered expenses	100% of covered expenses	Not covered
	Outside U.S.	In-network U.S.	Out-of-network U.S.
<b>Child Preventive Care:</b> Routine preventive care for children up to age 18 (including immunizations and developmental screenings)	100% of covered expenses	100% of covered expenses	Not covered
<b>Adult Preventive Care:</b> Adult routine physical examinations for employees and dependents age 18 and over (including immunizations)	100% of covered expenses	100% of covered expenses	Not covered
<b>Travel Immunizations:</b> For employees and dependents	100% of covered expenses	100% of covered expenses	100% of covered expenses

These preventive health services are based on recommendations from the U.S. Preventive Services Task Force (A and B recommendations), the Advisory Committee on Immunization Practices (ACIP) for immunizations and the American Academy of Pediatrics' Periodicity Schedule of the Bright Futures *Recommendations for Preventive Health Care*. For additional information on immunization, visit the immunization schedule section of [cdc.gov](http://cdc.gov). This document is a general guide. Always discuss your particular preventive care needs with your doctor.

### Exclusions

This document does not guarantee coverage for all preventive services. Immunizations for travel are generally covered. Other non-covered services can include any medical service or device that is not medically necessary and any services and supplies for, or in connection with, experimental, investigational or unproven services. This document contains only highlights of preventive health services.