A top-down view of various medical supplies on a bright yellow background. In the top left, a blue stethoscope is partially visible. To its right is an orange pill bottle with a white cap and label. Below the bottle are five green capsules. Further right is a clear plastic container filled with white gauze pads. In the center, two adhesive bandages are laid out. Below them is a box of adhesive bandages, with one bandage placed on top. To the right of the box are three white cotton swabs. In the bottom right, a clear plastic container is filled with many white cotton swabs.

2020 Preventive Health Care Guidelines

No-cost preventive care
to help you be your healthiest

The background is a solid green color with several thin, light green curved lines that sweep across the frame from the top left towards the bottom right, creating a sense of movement and depth.

Good health
starts with you.

What’s inside:

- Your introduction to preventive care 4
- Defining preventive health care services
and non-preventive services 5
- Know your costs 8
- More on which plans include preventive care
and where to find more details 9

Preventive care recommended for:

- Children 11
- Men and women 17
- Women 18+ and pregnant women 23

Being in good health comes not just from receiving quality medical care when you need it, it also comes from finding and stopping health problems before they start.

You and your health matter to us, so at Priority Health we're by your side each step of the way, helping you be your healthiest. That's why we include health care services like well-child visits, flu shots and routine physical exams in your plan at no cost to you.

We help you manage preventive care with reminders such as letters, emails and even alerts in your Priority Health member account.

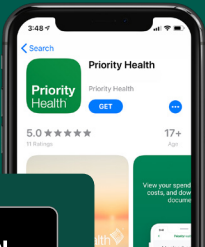
What are preventive health care services?

Preventive health care services help you avoid potential health problems or find them early when they are most treatable, before you feel sick or have symptoms. We pay in full for the preventive care services that are listed in your plan benefits.

No-cost preventive care includes:

- Immunizations or vaccines like flu shots
- Some lab tests
- Physical exams
- Some prescriptions

Download the Priority Health app for **access to your health information** anytime, anywhere.



Keep in mind

- You need to receive preventive care services from an in-network provider for us to pay for them in full.
- If you're feeling sick or having symptoms when you receive services, they're not considered preventive care, and you'll have to pay your share of the costs.
- Additional tests aren't preventive if a preventive checkup or screening finds a potential health problem and the doctor sends you for more tests. You'll need to pay your portion of the costs for these additional tests.

Here's an example:

You schedule your annual preventive checkup with your doctor. While you're there, the doctor does a routine exam, a number of preventive screenings and gives you a flu shot. We pay for all these services in full, and your portion of the cost is \$0.

However, the doctor hears something irregular while listening to your breathing and sends you to get a chest x-ray. Your provider will bill you for your share of the cost of the chest x-ray. The x-ray is a covered benefit, but you will share the costs of the x-ray with your health plan.

	PREVENTIVE CARE	NON-PREVENTIVE (also called diagnostic)
Reason for service	To prevent health problems. You have no symptoms.	You have a symptom, or you're being checked because of a known health issue.
What you'll pay	You won't pay anything.	Your deductible, copayments and coinsurance may apply.

A medical service is non-preventive (also called diagnostic)

- If you have a chronic disease like diabetes, your doctor may monitor your condition with tests. Because the tests manage your condition, they are not considered preventive care, and you'll have to pay your portion of the cost.
- If you have a preventive screening and a health problem shows up, your doctor may order follow-up tests. In this case, the tests are non-preventive.
- If your doctor orders follow-up tests based on symptoms you're having, like a stomachache, these tests are non-preventive.

Talk to your doctor

During your yearly visit, be sure to discuss the procedures and medications your doctor is recommending so that you understand what is preventive versus non-preventive.

Only services identified in this document are considered preventive and will be paid for in full by your health plan. If your provider indicates a service as preventive, refer to these guidelines to confirm your portion of the cost is \$0. If you have questions, call the Customer Service number on the back of your member ID card.

Preventing disease before it starts is critical to helping people live longer, healthier lives and keeping health care costs down. Preventive services can also help those with early stages of disease keep from getting sicker.

Source: Centers for Disease Control and Prevention (CDC). For more information about the CDC, visit [cdc.gov](https://www.cdc.gov).

Here are examples of when a service is preventive or non-preventive

SERVICE	PREVENTIVE (included at no cost)	NON-PREVENTIVE (you'll pay a portion of the cost)
Breast cancer screening	You have no symptoms, and you have a mammogram or digital breast tomosynthesis based only on your age or family history.	You're having a health problem like pain, or you feel a lump.
Colon cancer screening	Your doctor wants to screen for signs of colon cancer based on your age or family history. If a polyp is found and removed during your preventive colonoscopy, the colonoscopy and polyp removal are preventive. If the polyp is sent for lab testing, the testing is considered preventive.	You're having a health problem, like bleeding or irregularity.
Complete blood count (CBC)	Not a preventive service	Considered non-preventive because studies show there's no need for this test unless you have symptoms.
Diabetes screening	A blood glucose test is used to detect problems with your blood sugar, even though you have no symptoms.	You're diagnosed with diabetes, and your doctor checks your A1c.
Metabolic panel	Not a preventive service	Considered non-preventive because studies show that a metabolic panel isn't the best test for detecting or preventing illnesses.
Osteoporosis screening	Your doctor recommends a bone density test based on your age or family history.	You've had a health problem, or your doctor wants to determine the success of a treatment.
Prostate-specific antigen (PSA) test	Not a preventive service	Considered non-preventive because national guidelines do not recommend this test as it gives many false results. ¹
Urinalysis	Not a preventive service	Considered non-preventive because national guidelines say there's no need for this test unless you have symptoms.

¹Men ages 55 – 69 should have a conversation with their provider regarding prostate cancer screening. The test is not recommended for men over the age of 70. You may be responsible for a portion or all of the costs of the test.

Know your costs

For non-preventive care, you can choose where you receive those medical services and how much you'll pay. Our Cost Estimator tool is designed to give you out-of-pocket costs based on your health plan for hundreds of medical services and prescriptions. It's easy to use and available online whenever you need it. Here's how to access it:

- Log in to your member account at member.priorityhealth.com, go to **My Plan** and select **Cost Estimator**.
- Enter the procedure or prescription you're looking for and the tool will display in-network providers and their costs.

At home, in the doctor's office or at the pharmacy, our Cost Estimator puts you in control, so you can make decisions with your family and budget in mind.



Download the Priority Health app to access **Cost Estimator** anytime, anywhere.



Download on the
App Store



GET IT ON
Google Play

Preventive care is included in most plans at no cost

Most Priority Health plans include preventive care at no cost to our members. There are a few plans that do not include preventive care or have special guidelines:

- If you purchased a My**Priority** short-term plan, your plan does not include preventive care.
- If you have a grandfathered plan, which is typically an employer sponsored plan that hasn't changed since 2010, preventive care may be excluded, or there may be specific costs for certain services. Ask your employer if your plan is a "grandfathered plan" as defined by the Affordable Care Act.
- Some employers may exclude contraceptives from their health plans. Contact your employer or call Customer Service at the number on the back of your member ID card for more information.

Where can you look for your preventive care details?

- Review your health plan documents in your member account for a full list of preventive care services. If you don't see your documents, contact your employer for a copy.
- Get your questions answered or a copy of your guidelines by calling our Customer Service team at the number on the back of your member ID card. You can also log in at ***priorityhealth.com*** to send us a message.
- Check your guidelines online throughout the year as they may change based on research and recommendations. You can see your most up-to-date list of preventive health care services by visiting ***priorityhealth.com/member*** and searching **preventive health**.

Guidelines

The preventive health care services listed in these pages are recommended for you and your family by the U.S. Preventive Services Task Force (USPSTF), Centers for Disease Control (CDC), Health Resources and Services Administration and the latest medical research from organizations like the American Medical Association.

U.S. Preventive Services Task Force is an independent group of national experts in prevention and evidence-based medicine that works to improve the health of all Americans. For more information, visit uspreventiveservicestaskforce.org.



Preventive care for
children 0 – 18

Immunizations

VACCINE	RECOMMENDATION
Chickenpox (varicella)	1 dose between 12 – 15 months old. Second dose between 4 – 6 years old. For kids 14 and older with no history of the vaccination or disease, 2 doses 4 – 8 weeks apart.
Diphtheria, tetanus, whooping cough (pertussis)	1 dose of DTap at 2, 4, 6 and 18 months old 1 dose of Tdap between 11 and 12 years with a Td booster every 10 years after. Those older than 7 years and not previously immunized can get a single dose of Tdap.
Flu (influenza)	2 doses 4 weeks apart for healthy children between 6 months and 8 years the first time they get the vaccine. After age 2, children who've previously had the flu shot can receive 1 dose annually.
Haemophilus influenza type b	1 dose at 2, 4 and 6 months and once between 12 – 18 months old.
Hepatitis A	2 doses at least 6 months apart between 12 – 23 months old. For children not previously immunized, 2 doses can be given at least 6 months apart at your doctor's discretion.
Hepatitis B	1 dose to all newborns before leaving the hospital, a second dose between 1 – 2 months and a third dose between 6 – 18 months. May begin between 2 – 18 years old if not immunized as a baby.
HPV (human papillomavirus)	2 doses over a 24-week period starting at age 11 for boys and girls. Your doctor may give the vaccine as early as age 9 if your child is at high risk.
Measles, mumps, rubella (MMR)	1 dose between 12 –15 months and a second between 4 – 6 years. Can be given to older children if no history of vaccination or the disease.
Meningitis (meningococcal)	1 dose between 11 – 12 years, with another dose at 16 years. If the first dose is done between 13 – 15 years, then give the second dose between 16 – 18 years. Doctors may give vaccine as early as age 2 if your child is at high risk.
Pneumonia (Pneumococcal)	1 dose at 2, 4 and 6 months and again at 12 to 15 months. Children over age 2 can get a single dose if not previously immunized. Children with an underlying medical condition can receive an additional dose. Children at high risk can be vaccinated after age 7.
Polio	1 dose at 2 and 4 months and between 16 – 18 months (3 doses total). Then 1 dose between 4 – 6 years old.
Rotavirus	Minimum age is 6 weeks. If using Rotarix, 2-dose series recommended at 2 and 4 months old. If using RotaTeq or unknown, default to a 3-dose series at 2, 4 and 6 months old.

Physical exams (well-child visits)

AGE	RECOMMENDATION
Newborn	1 visit 3 – 5 days after discharge
0 – 2 years	1 visit at 2, 4, 6, 9, 12, 15, 18 and 24 months
3 – 6 years	1 visit at 30 months and 1 visit every year for ages 3 – 6
7 – 10 years	1 visit every 1 – 2 years
11 – 18 years	1 visit every year

Doctor visits and tests

ASSESSMENTS, SCREENINGS AND COUNSELING	RECOMMENDATION
Alcohol and drug use assessment	Ages 11 – 18 during each visit. Counseling to those at risk.
Anticipatory guidelines as defined by Bright Futures	At your doctor’s discretion for all children throughout their development.
Autism screening	At 18 and 24 months.
Blood pressure	Every year starting at age 3.
Congenital hypothyroidism screening	Once at birth.
Cavity prevention	Doctors should apply fluoride varnish to teeth for children up to age 5. (Not a dental benefit.)
Depression screening and behavioral assessments	At your doctor’s discretion for children of all ages.
Developmental screening	At 9 and 18 months old and with checkups throughout development.
Dyslipidemia screening	Assess risk at 2, 4, 6, 8 and 10 years old, then every year through age 18. Routine lab testing is not recommended but may be done for children at high risk.
Gonorrhea preventive medication	Once at birth.
Hearing loss screening	All newborns and at ages 3, 4, 5, 6, 8, 10, 12, 15 and 18 years.

Doctor visits and tests, continued


ASSESSMENTS, SCREENINGS AND COUNSELING	RECOMMENDATION
Height, weight and body mass percentile	Height and weight at each visit up to age 2. After age 2, body mass percentile.
Hematocrit or hemoglobin screening	Once at 12 months, once between ages 11 – 18 and once every year for menstruating adolescents.
Hepatitis B screening	Adolescents at high risk.
HIV screening	Start at age 15. Screening for children under 15, if they're at high risk.
Lead screening	At 12 and 24 months for children at high risk. Risk assessment for lead exposure between 6 – 12 months old, 24 months and between 2 – 6 years.
Medical history	At each well-child visit.
Newborn screenings as identified by the U.S. Health Resources and Services Administration	Once at birth.
Obesity screening, and physical activity and nutrition counseling	At your doctor's discretion starting at age 6.
Oral health risk assessment	At 12, 18, 24 and 30 months old, and 3 and 6 years old.
Sexually transmitted infection (STI) prevention, screening and counseling	At your doctor's discretion for all sexually active adolescents.
Skin cancer prevention counseling	Fair-skinned children and adolescents ages 6 months to 24 years old should receive counseling to minimize exposure to UV radiation.
Tobacco-use screening and counseling	During each visit. Includes cessation interventions for tobacco users and expanded counseling for pregnant tobacco users.
Tuberculosis (TB) testing	At your doctor's discretion for children at high risk.
Vision screening	At ages 3, 4, 5, 6, 8, 10, 12, 15 and 18 years.

Drugs

Prescription required

PRESCRIPTION	RECOMMENDATION
Iron supplements	Children ages 6 – 12 months at risk for iron deficiency.
Oral fluoride supplements	Children 6 months through age 5 without fluoride in their water source.





Preventive care for adult men and women

Immunizations

Doses, ages and recommendations vary.

VACCINE	RECOMMENDATION
Chickenpox (varicella)	2 doses 4 weeks apart for those with no history of the vaccination or disease.
Flu (influenza)	1 dose every year.
Hepatitis A	2 doses for those at high risk.
Hepatitis B	3 doses for those at high risk.
HPV (human papillomavirus)	3 doses over a 24-week period up to age 26.
Measles, mumps, rubella (MMR)	1 – 2 doses if no history of the vaccination or disease. Can be given after age 40 if at high risk.
Meningitis (meningococcal)	1 dose for ages 19 – 24 if no history of vaccination. Can be given after age 40 if at high risk.
Pneumonia (Pneumococcal)	1 dose for those 65 and older. Those at high risk or with a history of asthma or smoking should have 1 dose between ages 19 and 64 with a booster 5 years later.
Shingles (herpes zoster)	2 doses (minimum 8 weeks apart) for those 50 and older.
Tetanus, diphtheria and whooping cough (pertussis)	1 dose if no history of pertussis vaccine regardless of interval since last tetanus vaccine, followed by tetanus every 10 years. This vaccine is recommended especially if you have contact with children under age 1.

Physical exams

AGE	RECOMMENDATION
19 – 21 years	Once every 2 – 3 years; annually if desired
22 – 64 years	Once every 1 – 3 years
65 and older	Once every year



Doctor visits and tests

ASSESSMENTS, SCREENINGS AND COUNSELING	RECOMMENDATION
Abdominal aortic aneurysm screening	Once for men ages 65 – 75 with a history of smoking.
Advance care planning	At physical exam. We recommend you choose someone to speak on your behalf. Tell them your health wishes and then document your wishes in an advance directive.
Alcohol misuse screening and counseling	At physical exam.
Blood pressure screening	At physical exam.
Cardiovascular disease counseling (CVD)	Healthy diet and physical activity counseling to prevent cardiovascular disease among adults with risk factors for CVD.
Cholesterol test	A fasting test (total cholesterol, LDL, HDL and triglyceride) once every 5 years.
Colon cancer screening	<p>For those ages 50 – 75, one of the following screenings:</p> <ul style="list-style-type: none">• Colonoscopy every 10 years, including colonoscopy prep medication• CT colonography every 10 years• Flexible sigmoidoscopy every 5 years• Fecal occult blood test annually• Cologuard® (at-home testing option) every 3 years <p>We recommend a colonoscopy because it looks at the entire colon. Those with a family history (first-degree relative) of colorectal cancer or adenomatous polyps should begin screening at age 40 or 10 years before the youngest case in the immediate family with a colonoscopy every 5 years.</p>
Depression screening	During physical exam.
Diabetes Prevention Program	Adults at risk of diabetes (based on BMI and blood test or based on the CDC at-risk questionnaire) can join the Diabetes Prevention Program for education on diet, physical activity and weight loss. For more information, visit priorityhealth.com/prevent-diabetes .

Diabetes screening	For those with a sustained blood pressure greater than 135/80 or with hypertension or hyperlipidemia.
Diet counseling	At your doctor's discretion, if you're at high risk for heart and diet-related chronic diseases.
Height, weight and body mass index (BMI)	During physical exam.
Hepatitis B screening	Adults at high risk.
Hepatitis C screening	Adults at high risk and a one-time screening for adults born between 1945 and 1965.
HIV screening	All adults up to age 65. Screen older adults if at high risk.
Lung cancer screening	Annual screening (including CT) for adults ages 55 to 80 who have a 30-pack a year smoking history and currently smoke or quit smoking within the past 15 years.
Medical history	During physical exam.
Obesity screening and counseling	All adults during physical exam.
Preventive guidance for family and intimate partner violence, breast self-exam, menopause counseling, safety, falls and injury prevention	At doctor's discretion.
Sexually transmitted infection (STI) counseling and screening	Annual screening and counseling for chlamydia, gonorrhea and syphilis for adults who are at high risk.
Skin cancer prevention counseling	Fair-skinned adults up to 24 years old should receive counseling to minimize exposure to UV radiation.
Tobacco-use screening and counseling	At each visit. Includes cessation counseling and interventions (see tobacco cessation products in the "Drugs" section). Expanded counseling for pregnant women.
Tuberculosis (TB) testing	At your doctor's discretion, if you're at high risk.

Drugs *Prescription required*

PRESCRIPTION	RECOMMENDATION
Low-dose aspirin therapy to prevent heart disease	For adults between the ages of 50 – 69: Aspirin should only be started after having a discussion with your physician about the risks and the benefits of this treatment. This treatment has both important prevention benefits and potential dangers for cardiovascular disease and colorectal cancer.
Statin therapy to prevent heart disease	For adults ages 40 – 75 years with no history of cardiovascular disease (CVD) who have one or more CVD risk factors and a calculated 10-year CVD event of 10% or greater.
Tobacco-cessation products	Nicotine replacement or tobacco-cessation products are covered for up to 3 months. Coverage is continued for an additional 3 months if you have successfully quit smoking (a maximum of 6 months per calendar year).
Vitamin D supplement	Adults age 65+ who are at high risk for falls.

A woman with voluminous, curly brown hair is smiling warmly at the camera. She is wearing a maroon-colored zip-up jacket over a yellow top. Her right hand is raised near her chin. The background is a solid, light green color. A dark green horizontal band across the middle of the image contains white text.

Preventive care
recommended for
women 18+ and
pregnant women

Part 1: Women 18 years and older

Doctor visits and tests

ASSESSMENTS, SCREENINGS AND COUNSELING	RECOMMENDATION
BRCA risk assessment and genetic counseling/testing	Risk assessments for women with a family history of breast, ovarian, tubal or peritoneal cancer. Women who test positive should receive genetic counseling and, if indicated after counseling, BRCA testing. BRCA testing is covered once per lifetime.
Breast cancer counseling	At your doctor’s discretion, for women at high risk of breast cancer who may benefit from chemoprevention.
Breast cancer screening	Digital breast tomosynthesis (DBT) or mammogram included in plan once every 2 years for women ages 50 – 74. Begin at age 30 for those at high risk or at doctor’s discretion.
Contraceptive counseling and contraception methods	FDA-approved contraceptive methods, sterilization procedures, education and counseling. Note: Some employers may exclude contraceptives from their health plans. To find out if your plan includes this service, please contact your employer or call Customer Service at the number listed on the back of your membership card.
Domestic violence and intimate partner violence screening and counseling	Yearly.
HIV counseling and screening	Adults up to age 65. Screen older adults if at high risk.

Doctor visits and tests, continued

ASSESSMENTS, SCREENINGS AND COUNSELING	RECOMMENDATION
Osteoporosis screening	Women 65 and older. Younger women who are at high risk.
Pap and HPV tests (cervical cancer screening)	Pap test once every 3 years for women 21 – 61 years old or a Pap test with an HPV test every 5 years for women ages 30 – 65.
Sexually transmitted infection (STI) prevention counseling and screening	Yearly screening and counseling for chlamydia, gonorrhea and syphilis for women who are at high risk.
Urinary incontinence screening	1 screening every year.
Well–woman visits (physical exams)	1 visit every 1 – 3 years.

Drugs *Prescription required*

PRESCRIPTION	RECOMMENDATION
Breast cancer prevention medication	Risk-reducing medications for women 35 and older with an increased risk of breast cancer who have never been diagnosed with breast cancer.
Folic acid supplements	Women of childbearing age: 0.4 to 0.8 mg at your doctor’s discretion.

Part 1: Women 18 years and older (continued)

Contraceptives* *Prescription required*

TYPE	METHOD	BENEFIT LEVEL
Hormonal	<ul style="list-style-type: none">• Oral contraceptives• Injectable contraceptives• Patch• Ring	The cost of generic contraceptive methods and the ring methods for women are paid for in full by your health plan. Effective 1/1/19, some high-cost generics may not be paid for in full when a lower-price alternative is available. See the approved drug list at priorityhealth.com for more information.
Barrier	<ul style="list-style-type: none">• Diaphragms• Condoms• Contraceptive sponge• Cervical cap• Spermicide	
Implantable	<ul style="list-style-type: none">• IUDs• Implantable rod	
Emergency	<ul style="list-style-type: none">• Ella®• Next Choice®• Next Choice® One Dose• My Way™	<p>Deductible – The amount you pay each year before your health plan starts to pay for services listed as benefits of your plan.</p> <p>Copayment – The portion you pay at the time you receive a health care service or fill a prescription. Generic contraceptive methods and the ring methods for women are covered at 100% (no cost to you).</p> <p>Your deductible and/or prescription copayment applies for brand-name contraceptives when there is a generic available.</p> <p>Emergency contraceptives are paid for in full by your health plan.</p>
Permanent	Tubal ligation	The cost of outpatient facilities is paid for in full by your health plan. If received during an inpatient stay, only the services related to the tubal ligation are covered in full.

Some employers may exclude contraceptives from benefits. To find out if your plan includes a service, please contact your employer or call Customer Service at the number listed on the back of your Priority Health membership card.



Part 2: If you're pregnant, plan to become pregnant or recently had a baby, we recommend the preventive care listed here.

Immunizations *Doses, ages and recommendations vary.*

VACCINE	BEFORE PREGNANCY	DURING PREGNANCY	AFTER PREGNANCY
Chickenpox (varicella)	Yes; avoid getting pregnant for 4 weeks.	No.	Yes, immediately postpartum.
Hepatitis A	Yes, if at risk.	Yes, if at risk.	Yes, if at risk.
Hepatitis B	Yes, if at risk.	Yes, if at risk.	Yes, if at risk.
HPV (human papillomavirus)	Yes, if between ages 9 and 26.	No.	Yes, if between ages 9 and 26.
Flu nasal spray	Yes, if less than 50 years of age and healthy. Avoid getting pregnant for 4 weeks.	No.	Yes, if less than 50 years of age and healthy. Avoid getting pregnant for 4 weeks.
Flu shot	Yes.	Yes.	Yes.
Measles, mumps, rubella (MMR)	Yes; avoid getting pregnant for 4 weeks.	No.	No.
Meningococcal	If indicated.	If indicated.	If indicated.
Pneumococcal	If indicated.	If indicated.	If indicated.
Tetanus	Yes (Tdap preferred).	If indicated.	Yes (Tdap preferred).
Tetanus, diphtheria, whooping cough (1 dose only)	Yes.	Yes.	Yes.

Doctor visits and tests

ASSESSMENTS, SCREENINGS AND COUNSELING	RECOMMENDATION
Bacteriuria screening with urine culture	Between 12 – 16 weeks gestation or during first prenatal visit if later.
Breastfeeding support, supplies and counseling	Lactation support and counseling to pregnant and postpartum women, including costs for rental of breastfeeding equipment.
Depression screening, counseling and intervention	Recommended for pregnant and postpartum women who are at increased risk of depression. Note: Counseling services will be covered at 100% for perinatal women at risk for depression effective February 1, 2020.
Gestational diabetes screening	Women 24 – 28 weeks pregnant and those identified as high risk for gestational diabetes. Women with a history of gestational diabetes, who have not been diagnosed with type 2 diabetes, should be screened for diabetes as early as 4 weeks postpartum, but no later than one year postpartum.
Hematocrit or hemoglobin screening	During the first prenatal visit.
Hepatitis B screening	During the first prenatal visit.
HIV screening	All pregnant women during each pregnancy.
Iron-deficient anemia screening	On a routine basis.
Rh incompatibility screening	On first visit and follow-up testing for women at high risk.
Routine maternity care	Routine prenatal and postpartum visits for all pregnant women.
Sexually transmitted infection (STI) screening	Screening and counseling for chlamydia and syphilis.

Drugs *Prescription required*

PRESCRIPTION	RECOMMENDATION
Low-dose aspirin	For pregnant women (12 weeks gestation) who are at high risk for preeclampsia.

Notice of Nondiscrimination and Language Assistance Services

Priority Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Priority Health does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. Federal law requires that we provide you with this Notice of Nondiscrimination and Language assistance services.

Free aids and services

Priority Health provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Priority Health provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Priority Health Customer Service by calling the number at the back of your membership ID card (TTY users call 711).

To file a civil rights grievance

If you believe that Priority Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Priority Health Compliance Department
Attention: Civil Rights Coordinator
1231 East Beltline Ave NE
Grand Rapids, MI 49525-4501
Toll free: 866.807.1931 (TTY users call 711) Fax: 616.975.8850
PH-compliance@priorityhealth.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Priority Health Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov or by mail or phone at:

U.S. Department of Health and Human Services, 200 Independence Avenue, SW
Room 509F, HHH Building Washington, DC 20201

800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia en su idioma. Consulte al número de Servicio al Cliente que está en la parte de atrás de su tarjeta de identificación de miembro. (TTY: 711).

ملاحظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. يرجى الاتصال برقم خدمة العملاء على الجانب الخلفي من بطاقة عضويتك الشخصية. (رقم هاتف الصم والبكم: 711).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請撥打會員卡背面的客服電話 (TTY: 711)。

توضيح: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. يرجى الاتصال برقم خدمة العملاء على الجانب الخلفي من بطاقة عضويتك الشخصية. (رقم هاتف الصم والبكم: 711).

CHÚ Ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Xin hãy gọi tới số điện thoại của bộ phận dịch vụ khách hàng có ở mặt sau thẻ ID thành viên của quý vị. (TTY: 711).

KUJDES: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Ju lutem kontaktoni qendrën e shërbimit për klient në pjesën e pasme të ID kartës tuaj të anëtarësimit (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 멤버십 ID카드의 뒷면에 있는 고객센터 번호로 전화해 주십시오. (TTY: 711)

লক্ষ্য করুন: আপনি বাংলায় কথা বলতে পারলে আপনার জন্য নিঃখরচায় ভাষা সহায়তা সেবা সুলভ রয়েছে। অনুগ্রহ করে আপনার সদস্যপদ আইডি কার্ডের পেছনে থাকা গ্রাহক সেবা নম্বরে কল করুন। (TTY: 711)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer telefonicznej obsługi klienta wskazany na odwrocie Twojej legitymacji członkowskiej (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienste zur Verfügung. Bitte rufen Sie die Kundendienstnummer auf der Rückseite Ihrer Mitgliedskarte an. (TTY: 711).

ATTENZIONE: se parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero sul retro della tessera identificativa di membro. (TTY: 711).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。メンバーシップIDカードの裏面にあるお客様サービスセンターの番号までお電話にてご連絡ください。 (TTY: 711).

ВНИМАНИЕ! Если Вы говорите на русском языке, то Вам доступны услуги бесплатной языковой поддержки. Пожалуйста, позвоните в службу поддержки клиентов по номеру, указанному на обратной стороне Вашей идентификационной карточки участника (телетайп (TTY: 711)).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Molimo nazovite broj službe za korisnike na pozadini vaše članske iskaznice (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, mga serbisyo ng tulong sa wika, ng libre, ay available para sa iyo. Pakitawan ang numero ng customer service sa likod ng iyong ID card ng pagiging miyembro. (TTY: 711).

Priority Health has HMO-POS and PPO plans with a Medicare contract. Enrollment in Priority Health Medicare depends on contract renewal. NCMS_4000_4001_1785CJ 05122017
MH N2002-22 Approved 05152017



For physician use only: Specific EPSDT requirements may vary from the guidelines. Please refer to the online Provider Manual to review the EPSDT periodicity chart for the mandated health screening program for Medicaid recipients younger than age 21.

References: Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) Health Resources and Services Administration (HRSA) U.S. Preventive Services Task Force (USPSTF)

Go to [HealthCare.gov](https://www.healthcare.gov) (keyword "**preventive**") for a complete list of evidence-based preventive services and risk factors.