SecurityHealth Plan℠

Preventive benefit coverage chart

Security Health Plan aligns its preventive benefit coverage with health industry norms by adopting nationally accepted evidence-based medicine (EBM) guidance.

- From the U.S. Preventive Services Task Force (USPSTF) recommendation and Affordable Care Act (ACA). Learn more at **www.securityhealth.org/preventive**.

What is cost-share?

Cost-share is the sharing of costs between you and your insurance. This generally includes deductible, coinsurance and copay amounts. Cost-share does not include premium costs, balance billing amounts or non-covered services.

This is a summary of the preventive frequency limitations when services are provided by network providers; this does not guarantee payment. Members should refer to their Schedule of Benefits and plan documents for specific coverage information.

Preventive care services category	Security Health Plan coverage
Preventive exams (Comprehensive physical examination)	Covered at 100%
Abdominal aortic aneurysm (ultrasound) screening	One service covered at 100% per lifetime Ages: 65 - 75
Anemia screening	One service covered at 100% per calendar year then member cost-share will apply Ages: under 22
Breast cancer (BRCA 1 and 2) gene screening	Prior authorization required. Covered at 100% Limited to 1 test per lifetime, or, if appropriate as determined by attending provider and meets medically necessary criteria Ages: 18 and older
Breastfeeding support and counseling	Covered at 100%
Cervical cancer screenings ~ Human papillomavirus DNA screening (HPV)	One service covered every five years at 100% then member cost-share will apply Ages: 21 - 65
Cervical cancer screenings ~ Pap smear screening	One service covered every three years at 100% then member cost-share will apply Ages: 21 - 65
Chlamydia screening	One service covered at 100% per calendar year then member cost-share will apply
Colorectal cancer screenings ~ Colonoscopy screening ~ Sigmoidoscopy screening	One service of each screening is covered at 100% every five years then member cost-share will apply Ages: 45 and older One service of each screening is covered at 100% every two years then member cost-share will apply Screening for personal or family history of polyps/colorectal cancer
Colorectal cancer screening ~ Cologuard	One service every three years covered at 100% Ages: 45 - 85

*Tests for an existing condition or illness are not preventive care and are subject to your plan's deductible, coinsurance and/or copays.

chart continued -->

Preventive care services category	Security Health Plan coverage
Colorectal cancer screening ~ Fecal occult blood testing	One service covered at 100% per calendar year then member cost-share will apply Ages: 45 and older
Dyslipidemia screening ~ Screening for lipid disorders	One service covered at 100% per calendar year then member cost-share will apply Ages: 2 - 21
Gestational diabetes screening	One service covered at 100% per pregnancy then member cost-share will apply
Gonorrhea screening	One service covered at 100% per calendar year then member cost-share will apply
Gynecological examination (Breast exam and pelvic exam)	One service covered at 100% per calendar year then member cost-share will apply
Hearing screening	One service covered at 100% per calendar year then member cost-share will apply Ages: 21 and younger
Hepatitis B screening	Covered at 100%
Hepatitis C screening (chronic)	One service covered at 100% per lifetime Ages: 18 - 79
HIV (human immunodeficiency virus) **screening**	One service covered at 100% per calendar year then member cost-share will apply
Immunizations and vaccinations (including those needed for travel)	Covered at 100%
Laboratory screening services **Cholesterol screening*** ~ Screening for lipid disorders	One service covered at 100% per calendar year then member cost-share will apply Ages: 40 - 75
Laboratory screening services **Diabetes Type 2 screening** ~ Screening for diabetes and with body mass index (BMI)	One service covered at 100% per calendar year then member cost-share will apply Ages: 35 - 70 with BMI 23+
Laboratory screening services **Hemoglobin (A1C)** ~ Diabetics	Two services covered at 100% per calendar year then member cost-share will apply
Laboratory screening services **Lead screening** ~ Screening for exposure to lead	One service covered at 100% per calendar year then member cost-share will apply Ages: 1 - 6
Lung cancer screening ~ Smoker or history of smoking (nicotine dependent)	One service covered at 100% per calendar year then member cost-share will apply Ages: 50 - 80
Mammogram to screen for breast cancer (includes 2D and 3D imaging)	One service covered at 100% per calendar year then member cost-share will apply

chart continued -->

Preventive care services category	Security Health Plan coverage
Newborn screenings ~ Hypothyroidism screening ~ Phenylketonuria screening ~ Sickle cell screening	One of each service covered at 100% in the first 90 days of life
Osteoporosis screening (bone density) ~ Routine osteoporosis screening (age 65 and older) ~ Osteoporosis screening for personal or family history, or at increased risk (under age 65)	One service covered at 100% every two years then member cost-share will apply
Prostate cancer screenings ~ Digital examination ~ Prostate-specific antigen test (PSA) ~ Screening for malignant neoplasm of prostate	One service covered at 100% per calendar year then member cost-share will apply Ages: 55 - 69
Syphilis screening	One service covered at 100% per calendar year then member cost-share will apply
Tuberculosis screening ~ Screening for tuberculosis, exposure to tuberculosis, reaction to test for tuberculosis or individuals at increased risk for tuberculosis	One service covered at 100% per calendar year then member cost-share will apply
Vision screenings ~ Pediatric/adolescent vision screening	One service covered at 100% per calendar year then member cost-share will apply Ages: until end of the month member turns 19
Vision screenings ~ Visual impairment screening	One service covered at 100% per calendar year then member cost-share will apply Ages: 1 - 5

Notice of Nondiscrimination/Limited English Proficiency Language Services

Security Health Plan of Wisconsin, Inc., complies with applicable federal civil rights laws and does not discriminate, exclude or treat people differently on the basis of race, color, national origin, religion, pregnancy and related conditions, sex (including sexual orientation, gender identity, sex stereotypes, sex characteristics and intersex traits), age, disability, health status, marital status, arrest or conviction record or military participation in the administration of the plan, including enrollment and benefit determinations.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call (800) 472-2363 (TTY: 711). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (800) 472-2363 (TTY: 711). LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (800) 472-2363 (TTY: 711).

If you require materials in large print, please call (800) 472-2363 (TTY: 711).

© 2026 Security Health Plan of Wisconsin, Inc. All rights reserved. Written permission to reproduce or transmit this document in any form or by any means must be obtained from Security Health Plan of Wisconsin, Inc.

31492-003