**Wellness and Preventative Services** (available through the university's Blue Cross Blue Shield medical plan)

## **Preventative & Routine Care**

Preventative and routine care for insureds age two and above is available for routine physical exams and associated radiology, laboratory testing and cardiac stress tests, routine pap smears, and routine hearing examinations, up to a calendar year benefit payment maximum of \$250 for each covered person. Benefits are not subject to the deductible and/or coinsurance. Once you have reached the \$250 maximum, no further benefits will be payable for the above listed well care.

## **Mammography Screening**

Screening mammograms and corresponding fees for technical and professional interpretation of mammograms are provided at 100%. Benefits are not subject to the deductible and/or coinsurance.

## Well-Child Care

Routine well child care is provided to dependent children under 2 years of age. Benefits are available for periodic exams to determine physical development, and well care office visits and associated radiology (x-ray) and pathology (laboratory) testing, up to a calendar year benefit payment maximum of \$500 for each covered person. Benefits are not subject to deductible and/or coinsurance. Once you have reached the \$500 maximum, no further benefits will be payable for the above listed well care.

## Immunizations

Pediatric immunizations for dependent children under age 6 are provided at 100%, not subject to the deductible and/or coinsurance.

Immunizations for insureds age 6 and older are subject to the deductible and coinsurance amounts, once the routine care coverage maximum has been reached.