

THE ALLIANCE HEALTH PLAN PREVENTIVE SERVICES

MEDICAL, PRESCRIPTION, DENTAL, AND VISION SERVICES COVERED AT 100 PERCENT

MEDICAL

Allied Benefit Systems (800) 288-2078 | alliedbenefit.com
Administered by First Health Network | myfirsthealth.com

ADULTS

Immunization Vaccines
Blood Pressure Screening
Cholesterol Screening
Colorectal Cancer Screening
Diabetes (Type 2) Screening
HIV Screening
Wellness Visits

CHILDREN

Autism Screening
Behavioral Assessments
Depression Screening
Hearing Screening
Immunizations
Tuberculin Testing
Obesity Screening

WOMEN

Breast Cancer
Mammography Screening
Cervical Cancer Screening
Osteoporosis Screening

PRENATAL CARE

Anemia Screening
Breastfeeding Comprehensive Support
Contraception
Folic Acid
Gestational Diabetes Screening
Urinary Tract Infection Screening
Hepatitis B Screening

Note: Medical preventive services are regulated by the Affordable Care Act (ACA) and are subject to change.

To confirm whether a specific medical service is considered preventive or for general medical questions, please contact Allied Benefit Systems at (800) 288-2078.

PRESCRIPTION

Administered by MedOne | (866) 335-9057 | medone-rx.com
Specialty drugs administered by Vivio | (800) 470-4034 | viviohealth.com

- Please visit our resources page at alliancebenefits.org/resources/health-plan to access a complete list of our preventive list.
- Medications not on the preventive list are subject to deductible. The lesser of MedOne or GoodRx price will apply at your local pharmacy. Or, contact MedOne for mail order price.

DENTAL

Administered by Delta Dental of Colorado
(800) 610-0201 | deltadentalco.com (premium plan only)

- **Oral Exam** (all types): Three exams in a 12-month period are covered. This includes any exam for diagnosis, treatment planning, or consultation by the treating provider.
- **Dental Cleanings:** Two cleanings in any 12-month period are covered. An adult cleaning is not covered for those under age 14. Two additional cleanings (or procedure that includes cleaning) may be provided during a 12-month period under certain conditions such as diabetes, pregnancy, cardiovascular disease, etc. Please contact Delta Dental for details.
- **Bitewing X-rays:** Covered once in a 12-month period
- **Full Mouth Survey or Panoramic X-ray:** Covered once in a 60-month period

For additional preventive services, you may contact Delta Dental plan for more information: (800) 610-0201 | deltadentalco.com

VISION

Administered by EyeMed | (866) 939-3633 | eyemed.com
(premium plan only)

Eye Examinations: Covered once in a 12-month period

Visit the Alliance Benefits website at alliancebenefits.org for details regarding overall health plan benefits.



ALLIANCEBENEFITS