



Preventive health guidelines and other screenings

Effective January 1, 2025

Sanford Health Plan is committed to helping you stay healthy. We believe staying up to date with preventive health care is a key part of disease prevention.

Take advantage of these services! Preventive care and screenings are available for no cost, or very low cost, if using an in-network provider. Prior authorization (approval) is not necessary unless stated otherwise in the table below.

For questions, please contact Customer Service by calling the number on your member ID card.

Services are provided as listed, unless your plan document(s) state otherwise. If a plan is a "grandfathered health plan" under the ACA, it may not include certain coverages for the provision of preventive health services without any cost sharing. Please see your Certificate of Insurance as cost sharing amounts may apply based upon the benefit plan selected.*

Preventive versus diagnostic care

Free Preventive Care

- Tests used to prevent or identify health problems and you do not have symptoms
- Tests are done for screening purposes and may be based on age and/or family history
- You have not been diagnosed with a medical issue

Diagnostic Care

If a service is billed as diagnostic, a copay, deductible and/or coinsurance may apply.

- You have a symptom, are sick or are being seen because of a known medical issue
- Your provider wants to monitor, diagnose or treat a health problem(s)

**Please note this list does not apply to NDPERS or Medicare plans.*

Service Name	Group	Age/Frequency
Abdominal aortic ultrasound screening	Men	Age 65-75, once per lifetime
Alcohol use screening	Children/Adolescents, Men, Women	Age 11 and older
Anemia screening (hemoglobin or hematocrit)	Children/Adolescents, Men, Women	<ul style="list-style-type: none"> Allowed 4 screenings between ages 0-3 Once per year ages 4 and older
Anxiety screening	Adolescents, Men, Women	Age 8 and older
Bacteriuria (urine infection) screening	Women	Pregnant women, once per pregnancy
Basic or comprehensive metabolic panel (BMP/CMP)	Children/Adolescents, Men, Women	Once per calendar year
Blood pressure screening	Children/Adolescents Men, Women	Includes pregnant women for preeclampsia
Breast cancer screening	Women	<ul style="list-style-type: none"> One baseline mammogram for age 35-39 (For self-funded plans, coverage may differ; see plan documents) One mammogram per calendar year age 40 and older One breast MRI (with prior authorization) and one mammogram per calendar year for members age 30 and older at high risk for breast cancer. (For self-funded plans, benefit applies only if coverage is elected; see plan documents.)
Breast cancer preventive medication	Women	<ul style="list-style-type: none"> Generic risk-reducing medications. See Plan Formulary for details. Age 35 and older
Breast feeding support, counseling and supplies	Women	<ul style="list-style-type: none"> During pregnancy and after birth One non-hospital grade pump allowed per pregnancy
Cervical cancer screening <ul style="list-style-type: none"> Pap test HPV DNA test HPV DNA with pap test 	Women	<ul style="list-style-type: none"> Age 21-65 every 3 years for pap test alone Age 30-65 every 5 years for pap with HPV DNA test or DNA test alone
Chlamydia infection screening	Children/Adolescents, Women	Once per calendar year
Cholesterol (lipid disorders) screening	Children/Adolescents, Men, Women	<ul style="list-style-type: none"> Children/adolescents with risk factors between ages 2-8 and 12-16 Children/adolescents/adults once between ages 9-11, 17-21 and 22-24 Once every 5 years between age 25-44 Once every calendar year age 45 and older
Cholesterol lowering medications	Men, Women	<ul style="list-style-type: none"> Generic statin prescriptions Age 40-75 with at least one cardiovascular risk factor but no cardiovascular disease
Colon cancer screening	Men, Women	<p>Age 45+ at interval shown below:</p> <ul style="list-style-type: none"> Colonoscopy every 10 years (includes anesthesia and tissue sample analysis) CT Colonography every 5 Years Stool for occult blood every year Fecal immunochemical test (FIT) every year Stool DNA (Cologuard) testing every 3 years Flexible sigmoidoscopy every 5 years Includes generic bowel prep agents <p>Colonoscopy and sigmoidoscopy starting at age 40+, every 5 years with family history and/or genetic risk for colorectal cancer (For self-funded plans, sigmoidoscopy benefit applies only if coverage is elected; see plan documents.)</p>
Contraception counseling/ education, products and services	Children/Adolescents, Women	<ul style="list-style-type: none"> Available to women able to become pregnant Generic and select brand-name birth control products. See Plan Formulary for details. Sterilization procedures Note: Certain employers may be exempt from covering contraceptive products and services. See plan documents.
Counseling for sexually transmitted infections (STIs)	Children/Adolescents, Men, Women	Sexually active adolescents and adults at increased risk for STIs
Depression screening	Children/Adolescents, Men, Women	Age 12 and older
Depression Counseling and referral for assistance	Pregnant and Postpartum Women	
Developmental/autism screening	Children/Adolescents	<ul style="list-style-type: none"> Developmental screen at age 9, 18, 30 months Autism screen at 18 and 24 months

Service Name	Group	Age/Frequency
Diabetes screening	Men, Women	<ul style="list-style-type: none"> Age 35-70 for adults who are overweight or obese, once per calendar year Pregnant women, once per pregnancy Women with a history of gestational diabetes, once per calendar year
Domestic and interpersonal violence screening	Children/Adolescents, Women	
Drug use screening	Children/Adolescents, Men, Women	Age 11 and older
Fall prevention	Men, Women	Age 65 and older, includes physical therapy and vitamin D (includes generic prescriptions and over the counter options, dose less than or equal to 1000 units of vitamin D2 or D3)
Fluoride application	Children	<ul style="list-style-type: none"> Age 0-5 in primary care setting Two allowed per calendar year
Folic acid supplements	Women	Over the counter products (with prescription) 0.4-0.8 mg dose
Genetic counseling and evaluation for BRCA testing and BRCA lab screening	Women	<ul style="list-style-type: none"> Once per lifetime Prior authorization required for genetic testing
Gonorrhea infection screening	Children/Adolescents, Women	<ul style="list-style-type: none"> Sexually active women age 11-24 Women age 25 and older at increased risk for infection Once per calendar year
Healthy diet and physical activity counseling	Children/Adolescents, Men, Women	<ul style="list-style-type: none"> Children/adolescents and adults who are obese Adults with risk factors for cardiovascular disease Pregnant women to promote healthy weight gain Once per calendar year
Hearing screening	Children/Adolescents, Men, Women	<p>One screening:</p> <ul style="list-style-type: none"> At birth; between 3-5 days of age and 2 months; ages 4, 5, 6, 8, and 10 years; once between age 11-14; once between age 15-17; once between age 18-21 Ages 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months, 3 years, 7 years and 9 years, if at risk.
Hepatitis B virus infection screening	Children/Adolescents, Men, Women	<ul style="list-style-type: none"> Pregnant women, once per pregnancy Individuals at increased risk for infection
Hepatitis C virus infection screening	Men, Women	Once per lifetime
HIV Preventive Medication	Children/Adolescents, Men, Women	<ul style="list-style-type: none"> Prior authorization is required Generic tenofovir and select brand-name medications. See Plan Formulary for details. HIV-negative members when using as preexposure prophylaxis (PrEP) therapy
Human Immunodeficiency Virus (HIV) screening	Children/Adolescents, Men, Women	<ul style="list-style-type: none"> Age 11 and older One test per calendar year
Immunizations Covered if given per CDC schedule	Children/Adolescents, Men, Women	<ul style="list-style-type: none"> COVID-19 Diphtheria, tetanus toxoids and acellular pertussis (DTaP, Tdap, Td) Meningococcal (MCV) Haemophilus influenzae type b conjugate (Hib) Pneumococcal (pneumonia) Hepatitis A (HepA) Poliovirus (IPV) Hepatitis B (HepB) Rotavirus (RV) Human papillomavirus (HPV) (age and gender criteria apply depending on vaccine brand) Influenza (flu) vaccine Varicella (chickenpox) Zoster (shingles) Measles, mumps and rubella (MMR) Respiratory syncytial virus (RSV) (age restrictions apply)
Lead screening	Children/Adolescents	<ul style="list-style-type: none"> Once at age 12 months and 24 months Age 6 months, 9 months, 18 months, 3 years, 4 years, 5 years and 6 years, if screening questions are positive.
Lung cancer screening (low dose CT scan)	Men, Women	<ul style="list-style-type: none"> Adults age 50-80 who have a 20 pack/year smoking history and currently smoke or have quit within the past 15 years Once per calendar year
Newborn screenings	Children	<p>Newborns age 0-90 days:</p> <ul style="list-style-type: none"> Hearing screening Hypothyroidism screening PKU screening Sickle cell screening Bilirubin screening Metabolic screening panel

Service Name	Group	Age/Frequency
Obesity screening	Children/Adolescents, Men, Women	
Osteoporosis screening	Women	Age 65 and older once every 2 years, or if at risk (medical necessity must be established).
Preeclampsia prevention	Adolescents, Women	Includes generic aspirin (81 mg) for pregnant women at risk
Prostate specific antigen (PSA) screening	Men	<ul style="list-style-type: none"> • Age 50 and older • Ages 40-49 with family history of prostate cancer • Once per calendar year
RH incompatibility screening	Women	Pregnant women, once per lifetime.
Skin cancer prevention counseling to minimize UV exposure	Children/Adolescents, Men, Women	Age 6 months – 24 years
Syphilis infection screening	Children/Adolescents, Men, Women	<ul style="list-style-type: none"> • Pregnant women, 3 per pregnancy • Individuals at increased risk, once per year
Tobacco use cessation medications/interventions	Men, Women	<ul style="list-style-type: none"> • All generic and over-the-counter medication options • 180 day supply within 365 days • Age 18 and older • Counseling visits limited to 8 per year
Tobacco use prevention counseling	Children/Adolescents	
Tuberculosis (TB) screening and test	Children/Adolescents, Men, Women	<ul style="list-style-type: none"> • Age 0-18, allowed as needed if screening questions are positive • Age 18 and older, if at increased risk, every 5 years
Visual impairment screening (Snellen exam)	Children/Adolescents	Once per year ages 0-5 (ages 0-18 for Sanford Group Health members)
Wellness exams (well baby, well child and well person exams, including annual well woman checkups)	Children/Adolescents, Men, Women	<ul style="list-style-type: none"> • Once at 3-5 days old, and 1, 2, 4, 6, 9, 12, 15, 18, 24, and 30 months old • Yearly for age 3 and older <p>Includes age and gender appropriate health advice and information about:</p> <ul style="list-style-type: none"> • Dental care • Exercise and physical activity • Diet and nutrition • Counseling for obesity and alcohol use • Safety/injury prevention • Screening for obesity, high blood pressure, alcohol, tobacco use, drugs, sexual behavior/STDs, and suicide if appropriate • Socioeconomic health, social determinants of health, dental home and dental risk assessment. <p>For Women</p> <ul style="list-style-type: none"> • Breastfeeding support and counseling • Birth control counseling and follow-up care • Domestic violence screening • Screening for urinary incontinence