



# ***Preventive Medical Sharing Guide***



## OVERVIEW

Although Zion HealthShare generally shares in expenses related to acute, unexpected medical events, we encourage our members to take proactive measures for good health. Our Preventive Sharing program shares in certain preventive services to help you and your family stay healthy. Preventive Sharing is included in the Direct Membership and is available to Essential Members who choose to add Preventive Sharing to their membership. Preventive services do not require you to meet your IUA.

SERVICE	WAITING PERIOD	SHARING CAP
Annual Provider Visit	None	\$175
Colonoscopies	Six months	\$5000
Mammograms	Six months	\$600
Youth Immunizations (0-18)	None to Six months	See below
Well Child Visits	None to six months	See below

## HOW TO ACCESS CARE

Zion HealthShare has no network limitations, so you can go to the provider of your choice. At the time of service, ask your provider for any self-pay discounts and an itemized bill. You are also encouraged to contact our Medical Advocacy Team if you need help locating the best provider to meet your needs, or to arrange for payment for your service ahead of time. Call (888) 399-0017 or email [advocacy@zionhealthshare.org](mailto:advocacy@zionhealthshare.org).

# ***Preventive Care Services***

## **ANNUAL PROVIDER VISIT**

Sharing for an annual provider visit is available upon membership start date and every 12 months from the shareable visit date. Sharing is limited to the cost of the office visit only, up to \$175. Pap smears are considered shareable only when performed during the annual provider visit. Any additional services provided during the visit will be considered the member's responsibility, including X-rays, lab/blood work, and other services.

For these services, members may seek lower cost options by presenting themselves as self-pay patients. Members should take advantage of the Medical Advocacy service as it is a complimentary resource to help them locate low-cost facilities.

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## **COLONOSCOPIES**

Sharing for a screening colonoscopy is available every 10 years beginning at the age of 45 and after six months of continuous membership. Sharing is limited to \$5,000 for the screening colonoscopy, anesthesia, diagnostic testing, biopsies, and pathology performed as a part of the screening. Any additional costs, services, or follow-ups will be the member's responsibility. For high-risk members under 45, this service may be shareable with prior written approval from Zion HealthShare.

All other colonoscopies are not shareable as a preventive service but may be considered for sharing as a separate sharing request dependent upon the reason and only with prior written approval from Zion HealthShare. All non-preventive colonoscopies are subject to the IUA.

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## **MAMMOGRAMS**

Sharing for a mammogram is available after six months of continuous membership and every year beginning at the age of 40. Sharing is limited to \$600 for a 2D or 3D mammogram. The exam, appointment, and evaluation of imaging performed as a part of the screening will count toward the \$600 limit. Any additional services provided will be the member's responsibility. For high-risk members under the age of 40 this service may be considered for sharing with prior written approval from Zion HealthShare.

If the finding of the screening mammogram warrants an ultrasound, Zion HealthShare will consider sharing in the cost.

All other mammograms are not shareable as a preventive service but may be considered for sharing as a separate sharing request dependent upon the reason and only with prior written approval from Zion HealthShare. All non-preventive mammograms are subject to the IUA.

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## YOUTH IMMUNIZATIONS

Sharing for youth immunizations is available upon membership start date for members born in connection with an eligible maternity sharing request, and after six months of continuous membership for all other members up to the age of 18.

Sharing is limited for each immunization dose as outlined below:

- HPV (Human Papilloma Virus) - \$254
  - Men (Meningococcal) - \$202
  - PCV (Pneumococcal) - \$227
  - RV (Rotavirus Immunization) - \$131
  - IPV (Inactivated Polio Immunization) - \$39
  - Hib (Haemophilus Influenza Type B) - \$29
  - Hep A (Hepatitis A) - \$36
  - Hep B (Hepatitis B) - \$27
  - VAR (Varicella) - \$151
  - DTaP (Diphtheria, Tetanus, acellular pertussis) - \$35
  - Tdap (Tetanus, Diphtheria, acellular pertussis) - \$35
  - MMR (Measles, Mumps, Rubella) - \$251
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## WELL CHILD VISITS

Sharing for well child visits is available upon membership start date for members born in connection with an eligible maternity sharing request and after six months of continuous membership for all other members. Sharing is limited to \$175 for the office visit costs, and associated

immunizations are limited as outlined in the Youth Immunizations section.

Qualifying visits are for children at the following ages:

- Birth
- 1 Month
- 2 Months
- 4 Months
- 6 Months
- 9 Months
- 12 Months
- 15 Months
- 18 Months
- 30 Months
- 36 Months

