

## Services for which No Copay or Coinsurance Payment is Required with UC SHIP

<b>VACCINES</b>
MENINGOCOCCAL-BEXERO
CHOLERA
HEP A
TWINRIX
HPV -9
PNEUMOCOCCAL PREVNAR 13
INFLUENZA
MMR
POLIOMYELITIS
TD
TDAP
VARICELLA
PNEUMOCOCCAL
MENVEO/MENINGOCOCCAL
JAPANESE ENCEPHALITIS
HEP B (ENERGIX AND HEP SILAV)
<b>BLOOD TESTS (i.e., "TITERS")</b>
HEP B
TB GOLD
TB T-SPOT
SKIN TEST, TB, INTRADERMAL PPD
RUBELLA
MEASLES
VARICELLA ZOSTER VIRUS
<b>PROCEDURES</b>
ROUTINE PHYSICAL EXAM, WOMEN'S WELLNESS EXAM
ROUTINE LABS - COMPLETE BLOOD COUNT, COMPREHENSIVE METABOLIC PANEL, BASIC METABOLIC PANEL, THYROID STIMULATING HORMONE, PAP SMEAR, LIPID PANEL BASIC; NO SICKNESS/ILLNESS/INJURY
BIRTH CONTROL (CONTRACEPTIVE PILLS/REFILLS, IMPLANT, INJECTABLE AND IUDS) -KYLEENA, LILETTA, MIRENA, NEXPLANON, PARGUARD, SKYLA DEPO PROVERA
BLOOD PRESSURE CHECK (WHEN ORDERED BY PROVIDER, SHOWING SIGNS & SYMPTOMS)
DESTRUCTION OF WARTS/LESION, ACNE SURGERY
HYDRATION (WHEN ORDERED BY PROVIDER)
INHALATION TREATMENT (WHEN ORDERED BY PROVIDER)
ROUTINE STD SCREENINGS - CHLAMYDIA, GONNORHEA, HIV, HEP B, HEP C, RPR
WOUND DRESSING
INCISION AND DRAINAGE OF ABSCESS AND PILONIDAL CYST
REMOVAL OF INGROWN TOENAIL
PREVENTIVE COUNSELING; CONTRACEPTION COUNSELING
COLPOSCOPY
NUTRITION ASSESSMENT/FOLLOW-UP

## Services for which No Copay or Coinsurance Payment is Required with UC SHIP

ONLINE BIRTH CONTROL ASSESSMENT
<b>SUPPLIES</b>
BLOOD PRESSURE MONITOR (WHEN ORDERED BY PROVIDER)
CRUTCHES (WHEN ORDERED BY PROVIDER)
*ORTHOTICS (NOTE: ALTHOUGH THERE IS NO COINSURANCE FOR ORTHOTIC SUPPLIES, ORTHOTIC COUNSELING IS SUBJECT TO 5% COINSURANCE)
WRAP, HOT/COLD
SLINGS
SPLINTS
WALK BOOT