

PREVENTATIVE HEALTH BENEFIT

These benefits are fully compliant with the Affordable Care Act.

Wellness/Preventive Health Exam:

Men - One per year

Childhood Immunizations

Vaccine	AGE>	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years	7-10 years	11-12 years	13-15 years	16-18 years
Diphtheria, Tetanus, Pertussis				DTap	DTap	DTap		DTap				DTap				Tdap
Human Papillomavirus																HPV 3 Doses
Meningococcal ACWY														1 dose		1 dose
Influenza							Influenza (yearly)									
Pneumococcal				PCV	PCV	PCV	PCV	PCV	PCV				PCV or PPSV at risk			
Hepatitis A							Hep A 2 Doses			Hep A Series						
Hepatitis B		Hep B	Hep B				Hep B				Hep A Series			Hep B Series		
Inactivated Poliovirus				IPV	IPV		IPV					IPV				
Measles, Mumps, Rubella							MMR					MMR				
Varicella							Varicella					Varicella				
Rotavirus				RV	RV	RV										
Haemophilus Influenzae Type B				HIB	HIB	HIB	HIB									
Meningococcal B																Men B 2 Doses
Dengue- at risk, age 9-16																

Services for Children

<ul style="list-style-type: none"> Gonorrhea preventative medication for eyes Hearing Screening Hemoglobinopathies (sickle cell) Congenital Hypothyroidism Phenylketonuria (PKU) Bilirubin 	Newborns	Urinalysis	All Ages
Iron Screening and Supplementation	All Ages	Hematocrit or Hemoglobin Screening	All Ages
Visual Acuity Screening	Through age 5	Lead Screening	For children at risk of exposure
Oral Dental Screening	During PHB visit	Screening for latent tuberculosis infection	Children determined at risk
Fluoride Supplement	Beginning Age 6 months	Dyslipidemia Screening	All Ages
PCP Fluoride Application to primary teeth	Infant/children through Age 5	Depression Screening	Beginning Age 12
		COVID-19 Test See Adult Immunizations for vaccine	Per Clinician

Children's preventive health visits to include screenings and counseling for: Medical History, BMI and Obesity, Education and Counseling for Prevention of Tobacco Use, Behavioral Assessment, and Skin Cancer prevention.

Services for Pregnant Women

HIV Screening	1 per Pregnancy
Bacteriuria	Lab test
Hepatitis B	Lab test
Iron Deficiency Anemia Screening	Lab test
Gestational Diabetes Screening (any time after 24 weeks)	Lab test
Rh Incompatibility	Lab test
Syphilis, Chlamydia, & Gonorrhea Screening	Lab test
Group B Strep Screening	1 per pregnancy
Healthy Weight & Weight Gain during Pregnancy	Screening & Counseling
Breast Feeding Interventions	Counseling, Support & Supplies
Preeclampsia Screening	Blood Pressure monitoring throughout pregnancy
Folic Acid Supplement	Women capable of becoming pregnant
Referral to Counseling	For pregnant and postpartum at risk for perinatal depression
Tdap Vaccination	1 per pregnancy
Aspirin	At Risk

Services for All Women

Contraceptive Methods	Covered unless religious exemption applies
Age 21+, HPV DNA testing and/or cervical cytology	Every 3 years
Breast Cancer Chemoprevention	At Risk
BRCA Risk Assessment and Appropriate Genetic Counseling/Testing	
Screening for Urinary Incontinence	

Women - One per year with family physician, one per year with OB/GYN, if needed

Adult Immunizations		Adult Procedures/Services		Adult Labs		
Tetanus, Diphtheria, Pertussis	Tdap once, then Td booster every 10 years after age 18	Bone Mineral Density Screening	Every 2 years age 65 or older or every 2 years less than 65 with risk factors (men and women)	Lipid Panel	Yearly	
Human Papillomavirus	Women and Men to age 45			Total Serum Cholesterol	Yearly	
Meningococcal	2 doses ages 19+	Mammogram - including 3D *	Baseline - women, once between ages 35-39	Comprehensive Metabolic Panel (CMP)	Yearly	
Influenza	Every year			PSA	Yearly Men over 50	
Pneumococcal	Age 19-64 at risk: 1 PCV 20 or 1 PCV 15 + 1 PPSV 23 at least 1 year later	Mammogram - including 3D *	Yearly for women over 40	Highly Sensitive Fecal Occult Blood Testing Or FIT	Yearly after age 45	
	Age 65+ 1 PCV 20 *or 1 PCV 15* + 1 PPSV 23 at least 1 year later			CT Colonography every 5 years	sDNA-FIT	Every 1-3 years after age 45
Hepatitis A	2 to 3 doses/lifetime	Colorectal Cancer Screening beginning age 45	Flexible Sigmoidoscopy every 5 years OR every 10 years + FIT every year	FBG (Fasting Blood Glucose)/OGTT (Oral Glucose Tolerance Test)	Yearly	
Hepatitis B	3 doses/lifetime			Colonoscopy Screening every 10 years	Hgb A1C	2 per year
Shingles (Shingrix)	2 doses, age 50+ OR age 19-49 at risk			Abdominal Aortic Aneurysm Screening	For men who have smoked - one time between ages 65-75	HIV Testing
Measles, Mumps and Rubella	Once after age 19 (up to two)	Low Dose Aspirin	At risk initiate treatment ages 50-59	Syphilis Screening	At risk	
Varicella	2 doses	Lung Cancer Screening	At risk Ages 50-80	Chlamydia Infection Screening	Yearly - All ages	
Meningococcal B	2 doses, if not done between ages 16-18	Statin Preventative Medication	At risk Ages 40-75	Gonorrhea Screening	Yearly - All ages	
COVID-19 Vaccine	Single or multi-dose age per manufacturer			Hepatitis B & Hepatitis C Screenings	Yearly	
				Urinalysis	Yearly	
				Screening for latent tuberculosis infection	At risk	
				COVID-19 Test	Per Clinician	

***PPO Plan Only**—Mammograms and ultrasounds incurred from the reading of the preventive mammogram will be covered at 100%. Aspirations, biopsies, pathology, or any additional charges than second screening and reading will be covered under major medical.

All adolescent and adult preventive health visits to include screenings and counseling for:	
Healthy Diet and Physical Exercise— includes referral to behavioral health	Intimate Partner Violence for Men and Women
Obesity—includes intensive behavioral interventions for BMI > 30	Blood Pressure
Skin Cancer Prevention	Sexually Transmitted Infections
HIV infection Pre-exposure prophylaxis	Depression
Tobacco and/or Nicotine use and FDA Approved Medication (as indicated)	Developmental/Behavioral Assessment/Autism
Unhealthy drug use—medical and nonmedical	Risk for Falls
Unhealthy Alcohol Use	

The Preventive Health Benefit Guidelines are developed and periodically reviewed by our Quality Management Committee, a group of local physicians and health care providers. The QMC reviews routine care services from the American Academy of Family Practice Standards, American College of OB/GYN Standards, Center for Disease Control Recommendations, American Cancer Society Recommendations, American Academy of Pediatric Standards and U.S. Preventive Services Task Force Recommendations.

These recommendations were combined with input from local physicians and the standard Preventive Health Benefit was developed. These standards and recommendations are reviewed every one to two years, and the benefits are updated as needed.

Please note that your physician may recommend additional tests or screenings not included in this benefit. If you receive routine screenings that are not listed in this brochure you may have financial responsibility for those charges.

A screening procedure performed when there is a family history or personal history of a condition (and which does not fall within the listed age/ frequency criteria of the PHB) will be covered under the major medical benefit.

***Disclaimer:** Benefits could change through the year. Be sure to verify the web portal for the most up-to-date PHB information. **Effective 1/1/2023**