

# Preventive Health Benefit

These benefits are fully compliant with the Affordable Care Act (PPACA).

## Wellness/Preventive Health Exam:

Men - One per year

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

### 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 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                |      |       |         |                                   |          |          |   |           |           |              |           |           |            |             |             | MenB 2 Doses                             |
| Dengue- at risk, age 9-16      |      |       |         |                                   |          |          |   |           |           |              |           |           |            |             |             |  |
| RSV                            |      |       |         | <8 months entering 1st RSV season |          |          | 8-19 months at risk entering 2nd RSV season |           |           |              |           |           |            |             |             |  |
| Covid-19                       |      |       |         |                                   |          |          |   |           |           |              |           |           |            |             |             | 2- or 3- dose primary series and booster |

### Services for Children

|   |                               |   |                                  |
|---|-------------------------------|---|----------------------------------|
| Newborn Screening                         | As required by state law      | 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                 |
|   |                               | Anxiety Screening                           | Beginning Age 8                  |

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

|  |  |
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| 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 |
| RSV Vaccination  | 1 per pregnancy  |
| Tdap Vaccination   | 1 per pregnancy  |
| Aspirin  | At Risk  |

### Services for All Women

|   |  |
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| 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                              |  |

| 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   | Mammogram - including 3D                     | Baseline - women, once between ages 35-39   | Total Serum Cholesterol   | Yearly  |
| Meningococcal                  | 2 doses ages 19+  | Mammogram - including 3D                     | Yearly for women over 40  | Comprehensive Metabolic Panel (CMP)                             | Yearly  |
| Influenza                      | Every year  | Colorectal Cancer Screening beginning age 45 | CT Colonography every 5 years   | 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 | Abdominal Aortic Aneurysm Screening          | Flexible Sigmoidoscopy every 5 years OR every 10 years + FIT every year                       | Highly Sensitive Fecal Occult Blood Testing Or FIT              | Yearly after age 45   |
| Hepatitis A                    | 2 to 3 doses/lifetime   | Low Dose Aspirin                             | Colonoscopy Screening every 10 years  | sDNA-FIT  | Every 1-3 years after age 45                                |
| Hepatitis B                    | 3 doses/lifetime  | Lung Cancer Screening                        | For men who have smoked - one time between ages 65-75   | FBG (Fasting Blood Glucose)/ OGTT (Oral Glucose Tolerance Test) | Yearly  |
| Shingles (Shingrix)            | 2 doses, age 50+ OR age 19-49 at risk                                     | Statin Preventative Medication               | At risk initiate treatment ages 50-59   | Hgb A1C   | 2 per year  |
| Measles, Mumps and Rubella     | Once after age 19 (up to two vaccinations per lifetime)                   |  | At risk Ages 50-80  | HIV Testing   | Yearly age 15 to 65<br>Age range may deviate based on risk. |
| Varicella                      | 2 doses   |  | At risk Ages 40-75  | Syphilis Screening  | At risk   |
| Meningococcal B                | 2 doses, if not done between ages 16-18                                   |  |   | Chlamydia Infection Screening                                   | Yearly - All ages   |
| RSV                            | 1 dose age ≥60  |  |   | 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   |

### 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/Anxiety                          |
| 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 Preventive Health Benefit) will be covered under the major medical benefit.