

Preventive Health Benefits

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

Wellness 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 | 13-18 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 | | | | | PPSV | | | | |
| 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 |

*Varicella expanded for 2nd dose to ages 18 and over.

| Services for Children and Adolescents | | | |
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| <ul style="list-style-type: none"> Gonorrhea preventative medication for eyes Hearing Screening Hemoglobinopathies (sickle cell) Congenital Hypothyroidism Phenylketonuria (PKU) | Newborns | Developmental/ Behavioral Assessment/Autism | All Ages |
| Fluoride Supplement | Children without fluoride in water source | Hematocrit or Hemoglobin Screening | All Ages |
| Iron Screening and Supplementation | All Ages | Lead Screening | For children at risk of exposure |
| HIV Screening | Age 15 and above | Screening for latent tuberculosis infection | Children determined at risk |
| Visual Acuity Screening | Up to age 5 | Dyslipidemia Screening | All Ages |
| Oral Dental Screening | During PHB visit | Height, Weight and Body Mass Index measurements | All Ages |
| Urinalysis | All Ages | Medical History | All children throughout development |
| Depression Screening | Ages 12 to 18 years | COVID-19 Test | Per Clinician |
| Education & Counseling for prevention of Tobacco Use | School-Aged Adolescents | | |

| Services for Pregnant Women | |
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| Aspirin | For Those At Risk |
| HIV Screening | 1 per Pregnancy |
| Bacteriuria | Lab test |
| Hepatitis B | Lab test |
| Iron Deficiency Anemia Screening | Lab test |
| Gestational Diabetes Screening (between 24 & 28 weeks) | Lab test |
| Rh Incompatibility | Lab test |
| Syphilis Screening | Lab test |
| Chlamydia Screening | Lab test |
| Gonorrhea Screening | Lab test |
| Breast Feeding Interventions | Counseling, Support & Supplies |
| Tobacco and/ or Nicotine | Screening & Counseling |
| Folic Acid | Women capable of becoming pregnant |
| Referral to Counseling Intervention | For pregnant and postpartum at risk for perinatal depression |
| Tdap Vaccination | 1 per pregnancy |
| Group B Strep Screening | 1 per pregnancy |

| Services for All Women | |
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| Domestic Violence Screening & Counseling | Annually |
| Contraceptive Methods | Covered unless religious exemption applies |
| Age 21+, HPV DNA testing and/or cervical cytology | Every 3 years |
| BRCA Risk Assessment and Appropriate Genetic Counseling/Testing | |

| 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 | PSA | Yearly Men over 50 |
| Influenza | Every year | Sigmoidoscopy | Every 3 years after age 50 | Fecal Occult Testing | Yearly after age 50 |
| Pneumococcal* | Age 19-64: 1 PPSV23 dose + 1 PCV13 dose Age 65+: 1 PPSV23 dose + 1 PCV13 dose | Colonoscopy | Every 10 years after age 45 | Highly Sensitive Fecal Occult Blood Testing | Yearly after age 45 |
| Hepatitis A | 2 to 3 doses/lifetime | Abdominal Aortic Aneurysm Screening | For men who have smoked - one time between ages 65-75 | FBS (Fasting Blood Sugar) | Yearly |
| Hepatitis B | 3 doses/lifetime | Low Dose Aspirin | At risk initiate treatment ages 50-59 | Hgb A1C | Yearly |
| Shingles* | Shingrix: 2 doses after age 50 Zostavax: 1 dose after age 50 | Lung Cancer Screening | At risk Ages 55-80 | HIV Testing | Yearly age 15 to 65 Age range may deviate based on risk. |
| Measles, Mumps and Rubella | Once after age 19 (up to two vaccinations per lifetime) | Statin Preventative Medication | At risk Ages 40-75 | Syphilis Screening | At risk |
| Varicella | 2 doses | | | Chlamydia Infection Screening | Yearly - All ages |
| Meningococcal B | 2 doses, if not done between ages 16-18 | | | Gonorrhea Screening | Yearly - All ages |
| | | | | Hepatitis B & Hepatitis C Screenings | Yearly |
| | | | | Urinalysis | Yearly |
| | | | | Screening for latent tuberculosis infection | At risk |
| | | | | Intensive multicomponent behavioral interventions | Primary care adult patients with MBI > 30 |
| | | | | COVID-19 Test | Per Clinician |

*This means adult patients may get as many as 2 doses of PPSV23 and 2 doses of PCV13

It is recommended that a preventive health visit include screenings and counseling for:

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| Healthy Diet | Intimate Partner Violence for Men and Women |
| Obesity | Alcohol Misuse |
| Tobacco Use & FDA Approved Medication | Sexually Transmitted Infections |
| Blood Pressure | Depression |
| Skin Cancer Prevention | Developmental/Behavioral Assessment/Autism |
| Breast Cancer Chemoprevention for Women at High Risk | Fall Risk |

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.

*Please contact SIHO Member Services at 800.443.2980 for specific coverage information.

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