

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																

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 <i>See Adult Immunizations for vaccine</i>	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	

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			sDNA-FIT	Every 1-3 years after age 45
Hepatitis A	2 to 3 doses/lifetime	Colorectal Cancer Screening beginning age 45	CT Colonography every 5 years Flexible Sigmoidoscopy every 5 years OR every 10 years + FIT every year Colonoscopy Screening every 10 years	FBG (Fasting Blood Glucose)/ OGTT (Oral Glucose Tolerance Test)	Yearly
				Hgb A1C	2 per year
Hepatitis B	3 doses/lifetime	Abdominal Aortic Aneurysm Screening	For men who have smoked - one time between ages 65-75	HIV Testing	Yearly age 15 to 65 Age range may deviate based on risk.
Shingles (Shringrix)	2 doses, age 50+ OR age 19-49 at risk			Low Dose Aspirin	At risk initiate treatment ages 50-59
		Measles, Mumps and Rubella	Once after age 19 (up to two vaccinations per lifetime)		
Varicella	2 doses			Statin Preventative Medication	At risk Ages 40-75
		Meningococcal B	2 doses, if not done between ages 16-18		
COVID-19 Vaccine	Single or multi-dose age per manufacturer			COVID-19 Vaccine	Single or multi-dose age per manufacturer
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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 Preventive Health Benefit) will be covered under the major medical benefit.