

# 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 Pregnant Women

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

## Services for All Women

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	

## Services for Children and Adolescents

<ul style="list-style-type: none"> <li>Gonorrhea preventative medication for eyes</li> <li>Hearing Screening</li> <li>Hemoglobinopathies (sickle cell)</li> <li>Congenital Hypothyroidism</li> <li>Phenylketonuria (PKU)</li> </ul>	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

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 26	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 50	Highly Sensitive Fecal Occult Blood Testing	Yearly after age 50
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:**

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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