

# Preventative Health Benefit

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

Note: Preferred age for vaccine is indicated where specific vaccine is listed in colored box.

\*Varicella expanded for 2nd dose to age 65.

## Services for Pregnant Women

Aspirin	For Those At Risk
HIV	Screening
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
Gonorrhea Screening	Lab test
Breast Feeding Interventions*	Counseling, Support & Supplies
Nicotine*	Counseling
Folic Acid	Women capable of becoming pregnant

## 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 12 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

## Services for All Women

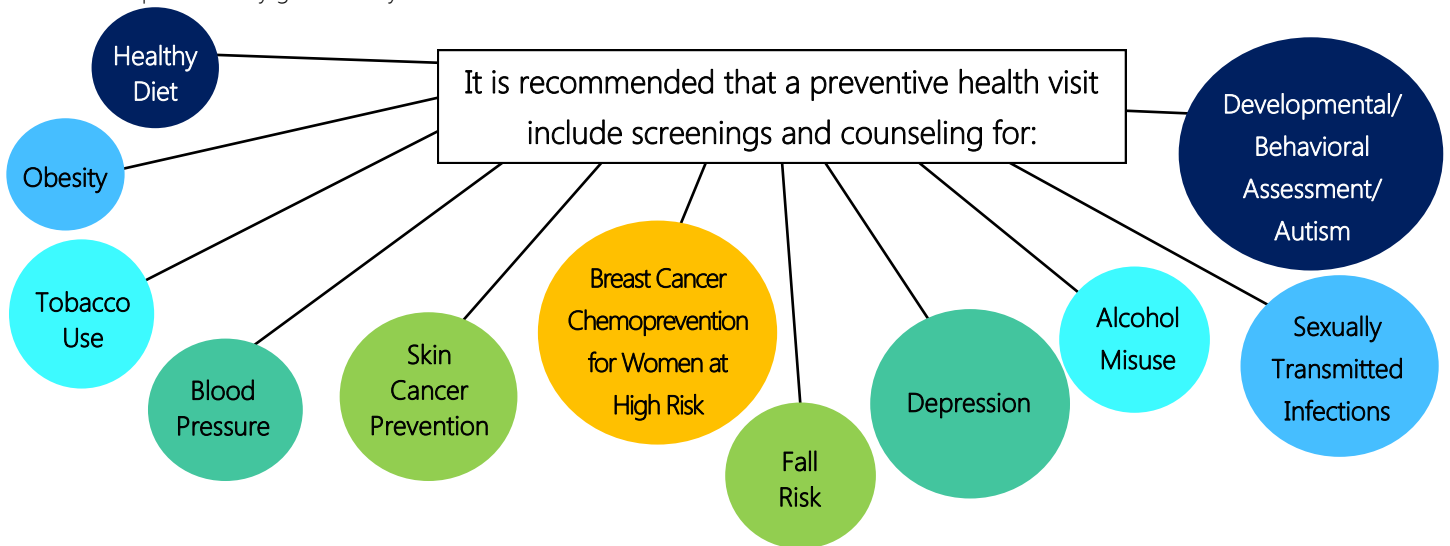
Domestic Violence Screening & Counseling	Annually
Contraceptive Methods	Covered unless religious exemption applies
Age 21+, HPV DNA testing and/or cervical cytology	Every 3 years

Adult Immunizations	
Tetanus, Diphtheria, Pertussis	Tdap once, then Td booster every 10 years after age 18
Human Papillomavirus	Women and Men to age 26
Meningococcal	2 doses ages 19+
Influenza	Every year
Pneumococcal*	Age 19-64: 1 PPSV23 dose + 1 PCV13 dose Age 65+: 1 PPSV23 dose + 1 PCV13 dose
Hepatitis A	2 to 3 doses/lifetime
Hepatitis B	3 doses/lifetime
Shingles*	Shingrix: 2 doses after age 50 Zostavax: 1 dose after age 50
Measles, Mumps and Rubella	Once after age 19 (up to two vaccinations per lifetime)
Tamoxifen/Raloxifene	At risk Women
Varicella	2 doses to age 65
Meningococcal B	2 doses, if not done between ages 16-18

Adult Procedures/Services	
Bone Density Scan	Every 2 years age 60 or older
Mammogram - including 3D	Baseline - women, once between ages 35 - 39
Mammogram - including 3D	Yearly for women over 40
BRCA (letter of medical necessity required)	Women genetically at high risk of breast cancer
Sigmoidoscopy	Every 3 years after age 50
Colonoscopy	Every 10 years after age 50
Abdominal Aortic Aneurysm Screening	For men who have smoked - one time between ages 65 - 75
Low Dose Aspirin	At risk initiate treatment ages 50-59
Lung Cancer Screening	At risk Ages 55 - 80
Statin Preventative Medication	At risk Ages 40-75

Adult Labs	
Lipid Panel	Yearly
Total Serum Cholesterol	Yearly
PSA	Yearly Men over 50
Fecal Occult Testing	Yearly after age 50
Highly Sensitive Fecal Occult Blood Testing	Every three years after age 50
FBS (Fasting Blood Sugar)	Yearly
Hgb A1C	Yearly
HIV Testing	Yearly after age 15
Syphilis Screening	At risk
Chlamydia Infection Screening	Yearly - All ages
Gonorrhea Screening	Yearly - All ages
Hepatitis B & Hepatitis C Screenings	Yearly
Urinalysis	Yearly
Screening for latent tuberculosis infection	At risk

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



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.**

PHB Revised 1/19