

SIHO INSURANCE SERVICES

Preventive 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
Diphtheria, Tetanus, Pertussis				DTap	DTap	DTap		DTap				DTap			TDap
Human Papillomavirus															HPV 3 Doses
Meningococcal											MCV				
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								

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 Children

<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 12 and above	Screening for latent tuberculosis infection	Children determined at risk
Visual Acuity	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

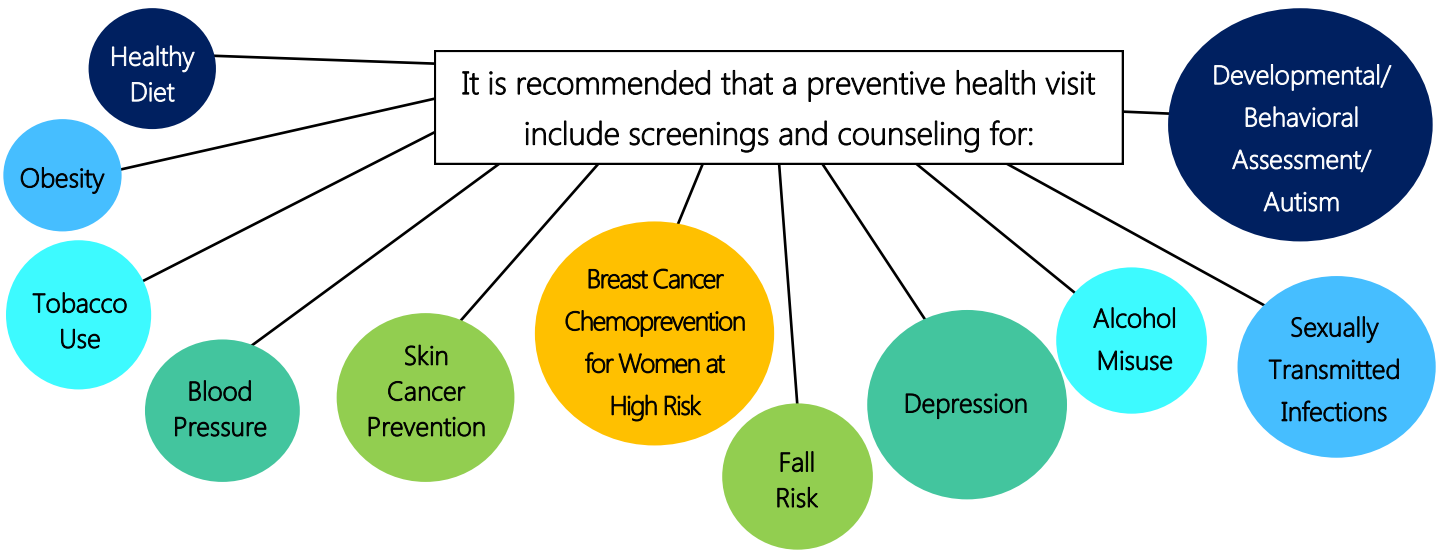
Services for Pregnant Women

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
Breast Feeding Interventions*	Counseling, Support & Supplies
Nicotine*	Counseling
Folic Acid	Women capable of becoming pregnant

Services for All Women

Domestic Violence Screening & Counseling	Annually
Contraceptive Methods*	Covered unless religious exemption applies

Adult Immunizations		Adult Procedures/Services		Adult Labs	
Tetanus, Diphtheria, Pertussis	Tdap once, then Td booster every 10 years after age 18	Bone Density Scan	Every 2 years age 60 or older	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	To age 65+	Mammogram - including 3D	Yearly for women over 40	PSA	Yearly Men over 50
Influenza	Every year	BRCA (letter of medical necessity required)	Women genetically at high risk of breast cancer	Pap Smear/Thin Prep Pap Test	Yearly
Pneumococcal	Ages 19 to 65+	Sigmoidoscopy	Every 3 years after age 50	Fecal Occult Testing	Yearly after age 50
Hepatitis A	2 to 3 doses to age 65+	Colonoscopy	Every 10 years after age 50	Highly Sensitive Fecal Occult Blood Testing	Every three years after age 50
Hepatitis B	3 doses to age 65+	Abdominal Aortic Aneurysm Screening	For men who have smoked - one time between ages 65 - 75	FBS (Fasting Blood Sugar)	Yearly
Shingles	Once after age 50	Low Dose Aspirin	At risk initiate treatment ages 50-59	Hgb A1C	Yearly
Measles, Mumps and Rubella*	Once after age 19 (up to two vaccinations per lifetime)	Lung Cancer Screening	At risk Ages 55 - 80	HIV Testing	Yearly after age 15
Tamoxifen/Raloxifene	At risk Women	Statin Preventative Medication	At risk Ages 40-75	Human Papillomavirus DNA Testing	Yearly
Varicella	2 doses to age 65			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



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.