SIHO Insurance Services Comprehensive 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		TC	Dap
Human Papillomavirus														HPV 3	Doses
Meningococcal											N	ICV			
Influenza						Influenza (yea		rly)							
Pneumococcal				PCV	PCV	PCV	PCV				P	PSV			
Hepatitis A							Hep A 2 Doses			Hep /	A Series	Series			
Hepatitis B		Hep B	He	р В		Hep B					Hep B Series				
Inactivated Poliovirus				IPV	IPV		IPV				IPV				
Measles, Mumps, Rubella							М	MR				MMR			
Varicella*							Varicella					Varicella			
Rotavirus				RV	RV	RV									
Haemophilus Influenzae Type B				HIB	HIB	HIB	Н	IB							

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

Services for Children

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

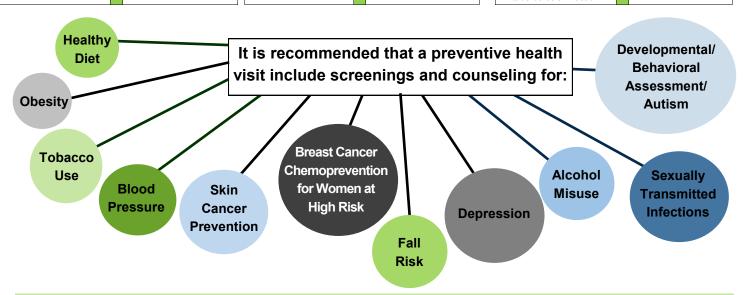
Domestic Violence Screening & Counseling	Annually
Contraceptive Methods*	Covered unless religious exemption applies

^{*}Varicella expanded for 2nd dose to age 65.

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		To age 65+			
Influenza		Every year			
Pneumococcal		Ages 19 to 65+			
Hepatitis A		2 to 3 doses to age 65+			
Hepatitis B		3 doses to age 65+			
Shingles		Once after age 50			
Measles, Mumps and Rubella*		Once after age 19 (up to two vaccinations per life- time)			
Tamoxifen/Raloxifene		At risk Women			
Varicella		2 doses to age 65			

Adult Proce	du	ures/Services
Bone Density Scan		Every 2 years age 60 or older
Mammogram		Baseline - women, once between ages 35 - 39
Mammogram		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 Preventive Medication		At risk Ages 40 - 75

Adult Labs				
Lipid Panel		Yearly		
Total Serum Cholesterol		Yearly		
PSA		Yearly Men over 50		
Pap Smear/Thin Prep Pap Test		Yearly		
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		
Human Papillomavirus DNA Testing		Yearly		
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 SIHO Preventive Health Benefit Guidelines are developed and periodically reviewed by SIHO's 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.