

Current Health Solutions

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.

Services for Children

<ul style="list-style-type: none"> Gonorrhea preventative medication for eyes Hearing Screening Hemoglobinopathies (sickle cell) Congenital Hypothyroidism Phenylketonuria (PKU) 	Newborns
<ul style="list-style-type: none"> Iron Screening and Supplementation Hematocrit or Hemoglobin Screening Developmental/ Behavioral Assessment/Autism Dyslipidemia Screening Urinalysis Height, Weight, and Body Mass Index Medical History 	All Ages
<ul style="list-style-type: none"> Fluoride Supplement Visual Acuity 	Up to Age 5
Oral Dental Screening	During PHB Visit
Lead Screening	For children at risk of exposure
HIV Screening	Age 12 and above

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

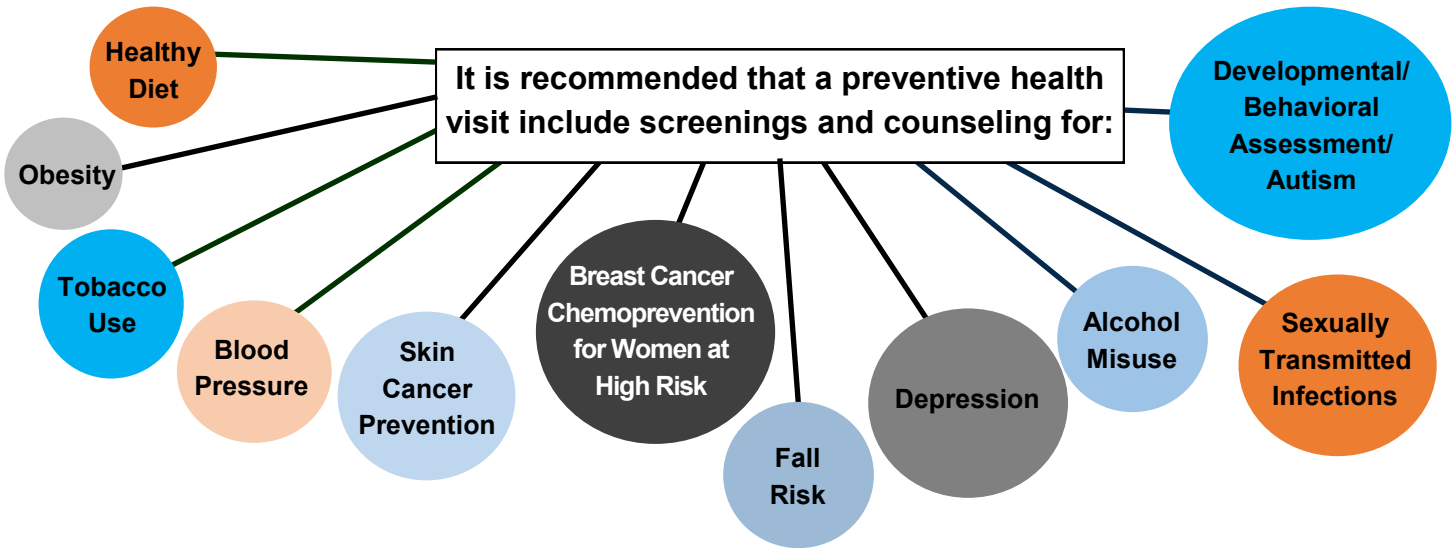
Services for All Women

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

Adult Immunizations	
Tetanus, Diphtheria, Pertussis	Every 10 years after age 18
Human Papillomavirus	To age 26
Meningococcal	To age 55
Influenza	Every year
Pneumococcal	Every 5 years after age 50
Hepatitis A	All ages
Hepatitis B	All ages
Shingles	Once after age 60
Measles, Mumps and Rubella*	Once after age 19 (up to two vaccinations per lifetime)
Tamoxifen/Raloxifene	At risk Women

Adult Procedures/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
Aspirin for Men	At risk Ages 45 - 79
Aspirin for Women	At risk Ages 55 - 79
Lung Cancer Screening	At risk Ages 55 - 80

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
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



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 Current Health Solutions Member Services at 855.247.3233 for specific coverage information.