

# SIHO Insurance Services Comprehensive Preventive Health Benefit

These benefits are fully compliant with the Patient Protection and Affordable Care Act

## Well 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

|  |   |
|--|---|
| Fluoride Supplement  | Children without fluoride in water source |
| Iron Supplementation   | 6-12 months at high risk                  |
| HIV Screening  | High risk                                 |
| Visual Acuity  | During PHB visit                          |
| Oral Dental Screening  | During PHB visit                          |
| Urinalysis   | 4-6 years & 12-16 years                   |
| <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 Phenylketonuria (PKU)</li> </ul> | Newborns                                  |

## Services for Pregnant Women

|                                  |                                    |
|----------------------------------|------------------------------------|
| Bacteriuria                      | Lab test                           |
| Hepatitis B                      | Lab test                           |
| Iron Deficiency Anemia Screening | Lab test                           |
| Rh Incompatibility               | Lab test                           |
| Syphilis Screening               | Lab test                           |
| Breast Feeding Interventions     | Counseling                         |
| Nicotine                         | Counseling                         |
| Folic Acid                       | Women capable of becoming pregnant |

| Adult Immunizations            |                             | Adult Labs                          |                                    | Adult Procedures/Services                   |   |
|--------------------------------|-----------------------------|-------------------------------------|------------------------------------|---|---|
| Tetanus, Diphtheria, Pertussis | Every 10 years after age 18 | Lipid Panel                         | Yearly                             | Bone Density Scan                           | Every 3 years for women after menopause               |
| Human Papillomavirus           | To age 26                   | Total Serum Cholesterol             | Yearly                             | Mammogram                                   | Baseline women - once between 35-40                   |
| Meningococcal                  | To age 55                   | PSA, men over 50                    | Yearly                             | Mammogram                                   | Yearly for women over 40                              |
| Influenza                      | Every year                  | Pap Smear/Thin Prep Pap Test        | Yearly, women over 18 years of age | BRCA (letter of medical necessity required) | Women genetically at high risk of breast cancer       |
| Pneumococcal                   | Every 5 years after age 50  | Fecal Occult Testing                | Yearly after age 50                | Sigmoidoscopy                               | Every 3 years after age 50                            |
| Hepatitis A                    | To age 19                   | FBS (Fasting Blood Sugar)           | Yearly                             | Colonoscopy                                 | Every 10 years after age 50                           |
| Hepatitis B                    | From ages 18-25             | Hgb A1C                             | Yearly                             | Barium Enema                                | Yearly after age 50                                   |
| Shingles                       | Once after age 50           | HIV Testing                         | High Risk                          | Abdominal Ultrasound                        | For men who have smoked - one time between ages 65-75 |
|                                |                             | Syphilis Screening                  | High Risk                          | Aspirin for Men                             | Ages 45 - 79  |
|                                |                             | Chlamydia Infection Screening-Women | High Risk                          | Aspirin for Women                           | Ages 55 - 79  |
|                                |                             | Gonorrhea Screening-Women           | Yearly                             |   |   |

**It is recommended that a preventive health visit include screenings for:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Depression</li> <li>• Obesity</li> <li>• Blood Pressure</li> <li>• Alcohol Misuse</li> <li>• Sexually Transmitted Infections</li> </ul> | <ul style="list-style-type: none"> <li>• Healthy Diet</li> <li>• Tobacco Use</li> <li>• Breast Cancer Chemoprevention for Women at High Risk</li> <li>• Developmental/Behavioral Assessment</li> </ul> |
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### Counseling Services

Obesity, Alcohol Misuse, Tobacco Use, Healthy Diet, Sexually Transmitted Infections

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. Routine screenings that are not listed in this brochure are generally not covered, and you may be financially responsible 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.