

## Preventive Health Coverage

# Quick Reference Guide

Your health plan focuses on helping to keep you well, rather than just providing coverage for covered illness or injury. Your plan includes coverage for wellness services for women, men and children.

Your doctor will determine the tests that are right for you based on your age, gender and family history. Listed below are some services commonly provided as preventive care. Please see your plan materials for specific details about your coverage.

### WELLNESS EXAMS AND IMMUNIZATIONS

|  | Birth to 2 Years  | Ages 3 to 10                             | Ages 11 to 21  | Ages 22 and older   |
|--|---|--|--|---|
| <b>Well-baby/Well-child/<br/>Well-person exams</b><br>(includes height, weight, head circumference, BMI, history, anticipatory guidance, education regarding risk reduction, psychosocial/behavioral assessment) | Birth, 1, 2, 4, 6, 9, 12, 15, 18, 24 & 30 months. Additional visit at 2-4 days for infants discharged less than 48 hours after delivery | Well child exams; once a year            | Once a year  | Periodic visits, depending on age   |
| <b>Diphtheria, Tetanus Toxoids and Acellular Pertussis (DTaP)</b>  | 2, 4 & 6 months and 15-18 months  | Ages 4-6                                 | Tetanus, diphtheria, acellular pertussis (Tdap) given once, ages 11-64     | Tetanus and diphtheria toxoids booster (Td) every 10 years; Tdap given once, ages 11-64 |
| <b>Haemophilus Influenzae type b conjugate (Hib)</b>   | 2, 4 & 6 months and 12-15 months  |  |  |   |
| <b>Hepatitis A (HepA)</b>  | 12-23 months  |  |  | May be required for persons at risk   |
| <b>Hepatitis B (HepB)</b>  | At birth, 1-4 months and 6-18 months  | Ages 3-10 if not previously immunized    | Ages 11-18 if not previously immunized                                     | May be required for persons at risk   |
| <b>Human Papillomavirus (HPV)</b>  |   | Ages 9-10, as doctor advises             | Ages 11-12, catch-up, ages 13-26   | Catch-up, through age 26  |
| <b>Influenza Vaccine</b>   |   | Annually 6 months through 18 years       | Ages 19-49, as doctor advises  | Ages 19-49, as doctor advises; ages 50 and older, annually                              |
| <b>Measles, Mumps and Rubella (MMR)</b>  | Ages 12-15 months   | Ages 4-6 or 11 & 12 if not given earlier | If not already immune  | Rubella for women of childbearing age if not immune                                     |
| <b>Meningococcal (MCV)</b>   |   |  | All persons ages 11-18   |   |
| <b>Pneumococcal (Pneumonia)</b>  | 2, 4 & 6 months and 12-15 months  |  |  | Ages 65 & older, once (or younger than 65 for those with risk factors)                  |
| <b>Poliovirus (IPV)</b>  | 2 & 4 months and 6-18 months  | Ages 4-6                                 |  |   |
| <b>Rotavirus</b>   | Ages 6-24 weeks   |  |  |   |
| <b>Varicella (Chickenpox)</b>  | Ages 12-18 months   | Ages 4-6                                 | Second dose catch-up or if no evidence of prior immunization or chickenpox | Second dose catch-up or if no evidence of prior immunization or chickenpox              |
| <b>Zoster</b>  |   |  |  | Ages 60+  |

## HEALTH SCREENINGS AND INTERVENTIONS

|   | Birth to 2 Years                      | Ages 3 to 10   | Ages 11 to 21                     | Ages 22 and older  |
|---|---------------------------------------|--|-----------------------------------|--|
| Alcohol misuse  |                                       |  |                                   | All adults   |
| Aspirin to prevent cardiovascular disease <sup>2</sup>  |                                       |  |                                   | Men ages 45-79; women ages 55-79   |
| Autism  | 18, 24 months                         |  |                                   |  |
| Blood Pressure  |                                       | At each visit  | Once a year                       | Every 2 years or as doctor advises   |
| Cholesterol/Lipid Disorders   |                                       | Screening of children and adolescents (after age 2, but by age 10) at risk due to known family history; when family history is unknown; or with personal risk factors (obesity, high blood pressure, diabetes) | Ages 20 and older if risk factors | All men ages 35 and older, or ages 20-35 if risk factors<br><br>All women ages 45 and older, or ages 20-35 if risk factors   |
| Colon Cancer Screening  |                                       |  |                                   | The following tests will be covered for colorectal cancer screening, ages 50 and older (or at any age if risk factors): <ul style="list-style-type: none"> <li>• Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) annually</li> <li>• Stool-based deoxyribonucleic acid (DNA) test</li> <li>• Flexible sigmoidoscopy every 5 years</li> <li>• Double-contrast barium enema (DCBE) every 5 years</li> <li>• Colonoscopy every 10 years</li> <li>• Computed tomographic colonography (CTC)/virtual colonoscopy every 5 years</li> </ul> |
| Congenital Hypothyroidism Screening   | Newborns                              |  |                                   |  |
| Depression Screening  |                                       |  | Ages 12-18                        | All adults   |
| Developmental Screening   | 7, 18 months                          | 30 months  |                                   |  |
| Developmental Surveillance  | Newborn 1, 2, 4, 6, 12, 15, 24 months | At each visit  | At each visit                     |  |
| Diabetes Screening  |                                       |  |                                   | Ages 45 and older, or at any age if asymptomatic with sustained BP greater than 135/80, every 3 years  |
| Dental Caries Prevention (Evaluate water source for sufficient fluoride; if deficient prescribe oral fluoride) <sup>2</sup> | Children older than 6 months          | Children older than 6 months   |                                   |  |
| Oral Health Evaluation/ Assess for Dental Referral  | 12, 18, 24 months                     | 30 months, 3, 6 years  |                                   |  |

## HEALTH SCREENINGS AND INTERVENTIONS

|  | Birth to 2 Years                 | Ages 3 to 10                            | Ages 11 to 21                          | Ages 22 and older  |
|--|----------------------------------|---|--|--|
| <b>Hearing Screening</b><br>(not complete hearing examination)   | All newborns by 1 month          | 4, 5, 6, 8 & 10 or as doctor advises    | 12, 15 & 18 or as doctor advises       | 65 & older or as doctor advises  |
| <b>Healthy Diet/Nutrition Counseling</b>                         |                                  |   |  | Adults with hyperlipidemia, those at risk for cardiovascular disease or diet-related chronic disease |
| <b>Hemoglobin or Hematocrit</b>                                  | 12 months                        |   | Once a year for females after menarche |  |
| <b>HIV Screening</b>   |                                  |   | Adolescents at risk                    | Adults at risk   |
| <b>Iron Supplementation<sup>2</sup></b>                          | 6-12 months for children at risk |   |  |  |
| <b>Lead Screening</b>  | 12, 24 months                    |   |  |  |
| <b>Metabolic/Hemoglobinopathies</b><br>(according to state law)  | Newborns                         |   |  |  |
| <b>Obesity Screening</b>   |                                  | Ages 6 and older                        | Ages 6 and older                       | All adults   |
| <b>PKU Screening</b>   | Newborns                         |   |  |  |
| <b>Prophylactic Ocular (Eye) Medication to Prevent Blindness</b> | Newborns                         |   |  |  |
| <b>Prostate Cancer Screening (PSA)</b>                           |                                  |   |  | Once a year for men ages 50 and older or any age with risk factors                                   |
| <b>Sexually Transmitted Infections (STI) Screening</b>           |                                  |   | All sexually active adolescents        | All adults at risk   |
| <b>Sickle Cell Disease Screening</b>                             | Newborns                         |   |  |  |
| <b>Syphilis Screening</b>  |                                  |   | Individuals at risk                    | Adults at risk   |
| <b>Tobacco use/cessation interventions</b>                       |                                  |   |  | All adults   |
| <b>Tuberculin test</b>   | Children at risk                 | Children at risk                        | Adolescents at risk                    |  |
| <b>Ultrasound AAA Screening</b>                                  |                                  |   |  | Men ages 65-75 who have ever smoked  |
| <b>Vision Screening</b><br>(not complete eye examination)        |                                  | 3, 4, 5, 6, 8 & 10 or as doctor advises | 12, 15 & 18 or as doctor advises       |  |



## WOMEN'S HEALTH SCREENINGS AND INTERVENTIONS

|   |  |
|---|--|
| Anemia Screening  | Pregnant women   |
| Bacteriuria Screening   | Pregnant women   |
| Discussion/Referral for Counseling Related to BRCA1/BRCA2 test                  | Women at risk  |
| Discussion About Potential Benefits/Risk of Breast Cancer Preventive Medication | Women at risk  |
| Breast Cancer Screening (Mammogram)   | Women ages 40 and older, annually  |
| Breastfeeding Promotion   | During pregnancy and after birth   |
| Cervical Cancer Screening (Pap test)  | Within 3 years of sexual activity; or ages 21-64, at least every 3 years |
| Chlamydia Screening   | Sexually active women ages 24 and under & older women at risk            |
| Folic Acid Supplementation <sup>2</sup>   | Women planning or capable of pregnancy                                   |
| Gonorrhea Screening   | Sexually active women at risk  |
| Hepatitis B Screening   | Pregnant women   |
| Osteoporosis Screening  | Age 65 or older (or 60 for women at risk)                                |
| Rh Incompatibility Test   | Pregnant women   |
| Syphilis Screening  | Pregnant women   |
| Tobacco Use/Cessation Interventions   | Pregnant women   |

<sup>1</sup> Gender criteria apply depending on vaccine brand.

<sup>2</sup> Certain preventive medications noted above may be available to you at no cost. Your doctor will be required to give you a prescription for these medications, including over-the-counter (OTC) medications, for them to be covered under your Pharmacy benefit.

These preventive health services are based on recommendations from the U.S. Preventive Services Task Force (A and B recommendations), the Advisory Committee on Immunization Practices (ACIP) for immunizations, and the American Academy of Pediatrics' Periodicity Schedule of the Bright Futures Recommendations for Pediatric Preventive Health Care. For additional information on immunizations, visit the immunization schedule section of [www.cdc.gov](http://www.cdc.gov). This document is a general guide. Always discuss your particular preventive care needs with your doctor.

### Exclusions

This document does not guarantee coverage for all preventive services. Immunizations for travel are generally not covered. Other non-covered services can include any medical service or device that is not medically necessary, and any services and supplies for or in connection with experimental, investigational or unproven services. This document contains only highlights of preventive health services. The specific terms of coverage, exclusions and limitations, including legislated coverage, are included in the Summary Plan Description or Insurance Certificate.

"CIGNA" and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc. In California, HMO plans are offered by CIGNA HealthCare of California, Inc. In Connecticut, HMO plans are offered by CIGNA HealthCare of Connecticut, Inc. In North Carolina, HMO plans are offered by CIGNA HealthCare of North Carolina, Inc. All other medical plans in these states are insured or administered by CGLIC or CHLIC.