

## 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 preventive care services for men, women and children and complies with the Patient Protection and Affordable Care Act (if applicable).

Services designated as preventive care include periodic well visits, routine immunizations, and certain designated screening for symptom-free or disease-free individuals. Preventive care services also generally include additional immunization and screening services for symptom-free or disease-free individuals at increased risk for a particular disease. Your doctor will determine the tests and frequency that are right for you based on your age, gender and family history.

Listed below are services covered as preventive care under your plan. Other services provided at the time of your well visit or checkup that are not listed as preventive will be considered under your standard medical coverage. This means you may be responsible for paying a share (copay or coinsurance) of the cost for those services that may be different from the share you pay – if any – for preventive services. 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/ Well-person exams</b> (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)<sup>1</sup></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+



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## 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  All women ages 45 and older, or ages 20-45 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> (not complete hearing examination)	All newborns by 1 month	4, 5, 6, 8 & 10 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> (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 Aortic Abdominal Aneurysm Screening</b>				Men ages 65-75 who have ever smoked
<b>Vision Screening</b> (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

**Note:** If your doctor provides medical services during your preventive care visit that are not included in the preventive care list, these items will be considered under your standard medical plan coverage. This means you may be responsible for paying a share (copay or coinsurance) of the cost. Please see your plan materials for specific details about your plan coverage.

<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.

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