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

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Ages</th>
<th>Birth</th>
<th>1 month</th>
<th>2 months</th>
<th>4 months</th>
<th>6 months</th>
<th>12 months</th>
<th>15 months</th>
<th>18 months</th>
<th>19-23 months</th>
<th>2-3 years</th>
<th>4-6 years</th>
<th>11-12 years</th>
<th>13-18 years</th>
<th>16-18 years</th>
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<tbody>
<tr>
<td>Diphtheria, Tetanus, Pertussis</td>
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<td>MCV</td>
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<td>Human Papillomavirus</td>
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<td>Pneumococcal</td>
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<td>Hepatitis A</td>
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<td>Inactivated Poliovirus</td>
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<td>Measles, Mumps, Rubella</td>
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<td>Varicella*</td>
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</table>

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

*Varicella expanded for 2nd dose to age 65.

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### Services for Children

- Gonorrhea preventative medication for eyes
- Hearing Screening
- Hemoglobinopathies (sickle cell)
- Congenital Hypothyroidism
- Phenylketonuria (PKU)
- Fluoride Supplement
- Iron Screening and Supplementation
- HIV Screening
- Visual Acuity
- Oral Dental Screening
- Urinalysis

Newborns
- Developmental/Behavioral Assessment/Autism
- Hematocrit or Hemoglobin Screening
- Lead Screening
- Screening for latent tuberculosis infection
- Dyslipidemia Screening
- Height, Weight and Body Mass Index measurements
- Medical History

All Ages

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### Services for Pregnant Women

- Aspirin
- For Those At Risk
- HIV
- Screening
- Bacteriuria
- Lab test
- Hepatitis B
- Lab test
- Iron Deficiency Anemia Screening
- Gestational Diabetes Screening (between 24 & 28 weeks)
- Rh Incompatibility
- Lab test
- Syphilis Screening
- Breast Feeding Interventions*
- Counseling, Support & Supplies
- Nicotine*
- Counseling
- Folic Acid
- Women capable of becoming pregnant

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### Services for All Women

- Domestic Violence Screening & Counseling
- Covered unless religious exemption applies
- Contraceptive Methods*
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 SIHO Member Services at 800.443.2980 for specific coverage information.

PHB Revised 04/18