

# Preventive Health Benefit

**Effective 1/1/2016 – These benefits are fully compliant with the Affordable Care Act (ACA).**

Details related to specific brand coverage for breastfeeding interventions and contraceptive methods and details regarding nicotine counseling services will be available after January 1, 2016 by contacting IU Health Plans customer service at **800.873.2022** or **317.816.5170**.

Well Exam	
<b>Men</b> – One per year	<b>Women</b> – One per year with family physician, one per year with OB/GYN, if needed

Childhood Immunizations*															
Vaccine	AGE >	Birth	1 month	2 months	3 months	6 months	12 months	15 months	18 months	19-23 month	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		
Hepatitis AB							Hep AB								
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.*

\***Grey box with writing** – Specific service is covered at 100 percent and is recommended at that specific time period.

**Grey box without writing** – Specific service is covered at 100 percent.

**White box** – Service will not be covered at 100 percent. The service falls outside the parameters of when the service is covered under preventive health benefits.



Health Plans

# Preventive Health Benefit

Services for Children			
<ul style="list-style-type: none"> <li>▪ Gonorrhea preventive medication for eyes</li> <li>▪ Hearing Screening</li> <li>▪ Hemoglobinopathies (sickle cell)</li> <li>▪ Congenital Hypothyroidism</li> <li>Phenylketonuria (PKU)</li> </ul>	Newborns	Developmental/Behavioral Assessment/Autism	All Ages
Fluoride Supplementation	Children without fluoride in water source	Hematocrit or Hemoglobin Screening	All Ages
Iron Supplementation	6-12 months at high risk	Lead Screening	For children at risk of exposure
HIV Screening	Age 12 and above	Tuberculin Testing	For children at high risk of tuberculosis
Visual Acuity	Up to Age 5	Dyslipidemia Screening	Children at risk of lipid disorders
Oral Dental Screening	During PHB visit	Height, Weight and Body Mass Index measurements	Through age 17
Urinalysis	4-6 years and 12-16 years	Medical History	All children throughout development

Services for Pregnant Women	
Bacteriuria	Lab test
Hepatitis B	Lab test
Iron Deficiency Anemia Screening	Lab test
Gestational Diabetes Screening (between 24 and 28 weeks)	Lab test
Rh Incompatibility	Lab test
Syphilis Screening	Lab test
Breastfeeding Interventions	Counseling, Support & Supplies
Nicotine	Counseling
Folic Acid	Women capable of becoming pregnant

Services for All Women	
Domestic Violence Screening and Counseling	Annually
Contraceptive Methods	Covered unless religious exemption applies



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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 - age 60 or older
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 or as appropriate with family history
Influenza	Every year	Pap Smear/Thin Prep Pap Test for Women	Yearly	BRCA (letter of medical necessity required)	Women genetically at high risk of breast cancer
Pneumococcal	Age 18 and over	Fecal Occult Testing	Yearly	Sigmoidoscopy	Every 3 years after age 50
Hepatitis A	All ages	FBS (Fasting Blood Sugar)	Yearly	Colonoscopy	Every 10 years after age 50 or as appropriate with family history
Hepatitis B	All ages	Hgb A1C	Yearly	Barium Enema	Yearly after age 50
Hepatitis AB	Ages 18-25	HIV Testing	Yearly	Abdominal Ultrasound	For men who have smoked - one time between ages 65-75
Shingles	Once after age 60	Human Papillomavirus DNA Testing	Every 3 years beginning at age 30	Aspirin for Men	Ages 45-79
*Measles, Mumps and Rubella	Once after age 19 (up to two vaccinations per lifetime)	Syphilis Screening	Yearly	Aspirin for Women	Ages 55-79
		Chlamydia Infection Screening	Yearly		
		Gonorrhea Screening	Yearly		
		Vitamin D	Yearly		



Health Plans

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

- Depression
- Obesity
- Blood Pressure
- Alcohol Misuse
- Sexually Transmitted Infections
- Healthy Diet
- Tobacco Use
- Breast Cancer Chemoprevention for Women at High Risk
- Developmental/Behavioral Assessment/Autism

## Counseling Services

- Obesity
- Alcohol Misuse
- Tobacco Use
- Healthy Diet
- Sexually Transmitted Infections
- HIV

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.

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Health Plans