

# 2012 Cigna Preventive Health Schedule

## 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.

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 (includes height, weight, head circumference, BMI, history, anticipatory guidance, education regarding risk reduction, psychosocial/behavioral assessment)</b>	Birth, 1, 2, 4, 5, 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	N/A	N/A	N/A
<b>Hepatitis A (HepA)</b>	12-23 months	N/A	N/A	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>Influenza Vaccine</b>	Ages 6 months through 18 years, annually		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>	N/A	N/A	All persons ages 11-18	N/A
<b>Pneumococcal (Pneumonia)</b>	2, 4 & 6 months and 12-15 months	N/A	N/A	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	N/A	N/A
<b>Rotavirus</b>	Ages 6-24 weeks	N/A	N/A	N/A
<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>	N/A	N/A	N/A	Ages 60+

### HEALTH SCREENINGS AND INTERVENTIONS

	Birth to 2 years	Ages 3 to 10	Ages 11 to 21	Ages 22 and older
<b>Alcohol misuse</b>	N/A	N/A	N/A	All adults
<b>Aspirin to prevent cardiovascular disease<sup>1</sup></b>	N/A	N/A	N/A	Men ages 45-79; Women ages 55-79
<b>Autism</b>	18, 24 months	N/A	N/A	N/A
<b>Blood pressure</b>	N/A	At each visit	Once a year	Every 2 years or as doctor advises

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	Birth to 2 years	Ages 3 to 10	Ages 11 to 21	Ages 22 and older
<b>Cholesterol/Lipid disorders</b>	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)	N/A	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
<b>Colon cancer screening</b>	N/A	N/A	N/A	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</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>
<b>Congenital hypothyroidism screening</b>	Newborns	N/A	N/A	N/A
<b>Depression screening</b>	N/A	N/A	Ages 12-18	All adults
<b>Developmental screening</b>	7, 18 months	30 months	N/A	N/A
<b>Developmental surveillance</b>	Newborn 1, 2, 4, 6, 12, 15, 24 months	At each visit	At each visit	N/A
<b>Diabetes screening</b>	N/A	N/A	N/A	Ages 45 and older, or at any age if asymptomatic with sustained BP greater than 135/80, every 3 years
<b>Dental caries prevention</b> (Evaluate water source for sufficient fluoride; if deficient prescribe oral fluoride) <sup>1</sup>	Children older than 6 months	Children older than 6 months	N/A	N/A
<b>Oral health evaluation/Assess for dental referral</b>	12, 18, 24 months	30 months, 3, 6 years	N/A	N/A
<b>Hearing screening</b> (not complete hearing examination)	All newborns by 1 month	4, 5, 6, 8 & 10 or as doctor advises	N/A	N/A
<b>Healthy diet/Nutrition counseling</b>	N/A	N/A	N/A	Adults with hyperlipidemia, those at risk for cardiovascular disease or diet-related chronic disease
<b>Hemoglobin or Hematocrit</b>	12 months	N/A	Once a year for females after menarche	N/A
<b>Iron supplementation<sup>1</sup></b>	6-12 months for children at risk	N/A	N/A	N/A
<b>Lead screening</b>	12, 24 months	N/A	N/A	N/A
<b>Metabolic/Hemoglobinopathies</b> (according to state law)	Newborns	N/A	N/A	N/A
<b>Obesity screening</b>	N/A	Ages 6 and older	Ages 6 and older	All adults
<b>PKU screening</b>	Newborns	N/A	N/A	N/A

	Birth to 2 years	Ages 3 to 10	Ages 11 to 21	Ages 22 and older
<b>Prophylactic ocular (Eye) Medication to prevent blindness</b>	Newborns	N/A	N/A	N/A
<b>Prostate Cancer Screening (PSA)</b>	N/A	N/A	N/A	Once a year for men ages 50 and older or any age with risk factors
<b>Sickle Cell Disease screening</b>	Newborns	N/A	N/A	N/A
<b>Tobacco use/cessation interventions</b>	N/A	N/A	N/A	All adults
<b>Tuberculin test</b>	Children at risk	Children at risk	Adolescents at risk	N/A
<b>Ultrasound Aortic Abdominal Aneurysm screening</b>	N/A	N/A	N/A	Men ages 65-75 who have ever smoked
<b>Vision screening</b> (not complete eye examination)	N/A	3, 4, 5, 6, 8 & 10 or as doctor advises	12, 15 & 18 or as doctor advises	N/A

## WOMEN'S HEALTH SCREENINGS AND INTERVENTIONS

<b>Anemia screening</b>	Pregnant women
<b>Bacteriuria screening</b>	Pregnant women
<b>Discussion/Referral for counseling related to BRCA1/BRCA2 test</b>	Women at risk
<b>Discussion about potential benefits/Risk of breast cancer preventive medication</b>	Women at risk
<b>Breast cancer screening</b> (Mammogram)	Women ages 40 and older, annually
<b>Breastfeeding promotion</b>	During pregnancy and after birth
<b>Cervical cancer screening (Pap test)</b>	Annually
<b>Folic acid supplementation<sup>1</sup></b>	Women planning or capable of pregnancy
<b>Hepatitis B screening</b>	Pregnant women
<b>Osteoporosis screening</b>	Age 65 or older (or 60 for women at risk)
<b>Rh incompatibility test</b>	Pregnant women
<b>Tobacco use/Cessation interventions</b>	Pregnant women

<sup>1</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 official plan documents.



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