

To help you live the healthiest life possible, Network Health offers preventive services at no cost for most of our members.

Your annual wellness visit, which consists of a general review of your health and well-being, is considered preventive and is covered by Network Health at no charge when you visit a doctor within our provider network. For more information about covered pharmacy benefits, please use the **Look Up Medications** tool at [networkhealth.com/look-up-medications](https://networkhealth.com/look-up-medications). Select your plan type and view the formulary.

\*Network Health follows the recommendations of the United States Preventive Services Task Force (USPSTF).

Services offered once a year unless otherwise noted.

## Children's Health (Newborn through age 18)

| WELL-CHILD VISITS  |   |
|--|---|
| AGE  | RECOMMENDATION  |
| Newborn  | One visit 3-5 days after birth, within 48-72 hours after discharge.   |
| 0-2 years  | One visit at 1, 2, 4, 6, 9, 12, 15, 18 and 24 months old.   |
| 3-6 years  | One visit at 30 months and one visit every year for ages 3-6.   |
| 7-18 years   | One visit every year.   |
| IMMUNIZATIONS  |   |
| VACCINE  | RECOMMENDATION  |
| Age appropriate immunizations<br>Newborn through 6 years | Please see routine immunizations recommended by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) for children ages Newborn through 6 years.<br><a href="https://www.cdc.gov/vaccines/imz-schedules/downloads/parent-ver-sch-0-6yrs.pdf">www.cdc.gov/vaccines/imz-schedules/downloads/parent-ver-sch-0-6yrs.pdf</a>                        |
| Age appropriate immunizations<br>7-18 years              | Please see routine immunizations recommended by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) for children and adolescents ages 7-18 years.<br><a href="https://www.cdc.gov/vaccines/imz-schedules/downloads/parent-version-schedule-7-18yrs.pdf">www.cdc.gov/vaccines/imz-schedules/downloads/parent-version-schedule-7-18yrs.pdf</a> |
| Flu (influenza)  | Two total doses 4 weeks apart for healthy children between 6 months and 8 years old the first time they get the vaccine. Children who have previously had the flu shot and those over 8 years old can receive one dose annually.  |
| DOCTOR VISITS AND TESTS                                  |   |
| ASSESSMENTS, SCREENINGS AND COUNSELING                   | RECOMMENDATION  |
| Alcohol and drug use                                     | Screening for adolescents during well-child visits.   |
| Autism   | Screening for children during well-child visits.  |
| Behavioral assessment                                    | Screening for children during well-child visits.  |
| Blood pressure   | Screening for children during well-child visits.  |
| Cavity prevention  | Fluoride application starting at age of primary tooth eruption, up to 5 years old.  |
| Depression screening                                     | Screening and assessment during well-child visits at 12-18 years old.   |
| Developmental  | Screening for children ages newborn to 31 months during well-child visits.  |
| Dyslipidemia   | Screening for children at high risk at ages 2-8, 12-16; universal screening once between ages 9-11 and once between ages 17-21.   |
| Hearing loss   | Screening for all newborns. Screening for children age 4 years and older.   |
| Height, weight and body mass percentile                  | Screening for children during well-child visits.  |
| Hematocrit or hemoglobin                                 | Screening for all children around 12 months, other ages if indicated.   |
| Hemoglobinopathies                                       | Screening for sickle cell disease in newborns.  |
| Hepatitis B  | Screening for adolescents at higher risk.   |
| HIV screening  | Screening for adolescents ages 15 to 18 years. Screening for younger adolescents at increased risk.   |
| Hypothyroidism   | Screening for newborns.   |
| Lead   | Screening for children ages 6 months to 7 years at risk of exposure.  |
| Medical history  | Reviewed during well-child visits.  |

## Children's Health (Newborn through age 18)

| DOCTOR VISITS AND TESTS   |   |
|---|---|
| ASSESSMENTS, SCREENINGS AND COUNSELING                              | RECOMMENDATION  |
| Obesity screening and counseling                                    | Screening for children age 6 years and older during well-child visits. Behavioral interventions for those at increased risk.        |
| Oral health   | Risk assessment for children ages 0-11 months, 1-4 years, 5-10 years during well-child visits.                                      |
| Phenylketonuria screening   | Screening for newborns.   |
| PrEP screening and counseling                                       | Labs and services related to use and monitoring of HIV pre-exposure prophylaxis (PrEP).   |
| Sexually transmitted infections                                     | Prevention counseling and screening for adolescents at higher risk.   |
| Skin cancer behavioral counseling                                   | Counseling for young adults, adolescents, children and parents of young children aged 6 months to 24 years with fair skin.          |
| Tobacco use   | Screening and counseling during well-child visits for school-aged children and adolescents.   |
| Tuberculosis screening  | Screen for risk by 1 month, at 6, 12, and 24 months, and annually at 3-18 years; perform testing for those at high risk             |
| Vision  | Screening for all children at least once between the ages of 3 and 5 years to detect the presence of amblyopia or its risk factors. |
| Visual acuity screening   | Screening for children under age 18 years.  |
| DRUGS   |   |
| PRESCRIPTIONS   | RECOMMENDATION  |
| Gonorrhea preventive  | Ocular topical medication for all newborns.   |
| Oral fluoride supplements   | Children 6 months-5 years old without fluoride in their water source.   |
| HIV pre-exposure prophylaxis (PrEP) for prevention of HIV infection | Persons at high risk for HIV. Prior authorization is required.  |

## Adult Health (Care for all adults)

| PHYSICAL EXAMS                                       |  |
|--|--|
| AGE  | RECOMMENDATION   |
| 19-21 years  | Once every 2-3 years; annually if desired.   |
| 22-64 years  | Once every 1-3 years.  |
| 65 and older   | Once every year.   |
| IMMUNIZATIONS (Doses, ages and recommendations vary) |  |
| VACCINE  | RECOMMENDATION   |
| Age appropriate immunizations                        | Please see routine immunizations recommended by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) for adults.<br><a href="http://www.cdc.gov/vaccines/imz-schedules/downloads/adults-schedule-easy-read.pdf">www.cdc.gov/vaccines/imz-schedules/downloads/adults-schedule-easy-read.pdf</a> |
| Flu (influenza)                                      | One dose every year.   |
| Shingles (herpes zoster)                             | Two doses total of Shingrix (RZV), 2 to 6 months apart for those 50 and older.   |
| DOCTOR VISITS AND TESTS                              |  |
| ASSESSMENTS, SCREENINGS AND COUNSELING               | RECOMMENDATION   |
| Abdominal aortic aneurysm screening                  | One time screening for men ages 65-75 with a history of smoking.   |
| Alcohol misuse screening and counseling              | Screening for all adults age 18 years and older. Behavioral counseling for those engaged in risky behavior.  |
| Blood pressure screening                             | During physical exam.  |
| Cholesterol screening                                | Screening for adults ages 40-75. Age/frequency varies depending on coverage plan.  |
| Colorectal cancer screening                          | For those ages 45-75, one of the following screenings:<br><ul style="list-style-type: none"> <li>· Colonoscopy every 10 years</li> <li>· CT colonography every 5 years</li> <li>· Flexible sigmoidoscopy every 5 years</li> <li>· FIT every year</li> <li>· FIT-DNA every 3 years</li> <li>· gFOBT every year</li> </ul>                           |
| Depression and anxiety screening                     | Screening for adults.  |
| Diabetes screening                                   | Screening for adults ages 35-70 at higher risk due to weight and cardiovascular disease risk.  |
| Diet and physical activity counseling                | Behavioral counseling for overweight adults with additional cardiovascular disease risk factors.   |
| Falls prevention: exercise or physical therapy       | Exercise or physical therapy to prevent falls in community-dwelling adults age 65 and older at increased risk for falls.   |

## Adult Health (Care for all adults)

| DOCTOR VISITS AND TESTS  |   |
|--|---|
| ASSESSMENTS, SCREENINGS AND COUNSELING   | RECOMMENDATION  |
| Hepatitis B screening  | Screening for adults at high risk.  |
| Hepatitis C screening  | Screening for adults at high risk and a one-time screening for adults ages 18-79 years.   |
| HIV screening  | Screening for adults up to age 65. Screen older adults if at high risk.   |
| Lung cancer screening  | Screening with low-dose computed tomography for adults ages 50-80 who have a 20-pack/year smoking history and currently smoke or quit within the past 15 years. |
| Obesity screening and counseling   | Screening for all adults during wellness visits, behavioral interventions for those with a body mass index of 30kg/m <sup>2</sup> or higher.                    |
| PrEP screening and counseling  | Labs and services related to use and monitoring of HIV pre-exposure prophylaxis (PrEP).   |
| Sexually transmitted infection (STI) counseling  | Behavioral counseling for all sexually active adults who are at increased risk for sexually transmitted infections.   |
| Syphilis screening   | Screening for adults at increased risk.   |
| Tobacco counseling and interventions   | Screening of all adults during wellness visits. Advise to stop and cessation interventions for adults who use tobacco.  |
| Tuberculosis testing   | Screening for adults at increased risk.   |
| Vision   | Screening (unless directly excluded from your policy).  |
| DRUGS (Prescription Required)  |   |
| PRESCRIPTION   | RECOMMENDATION  |
| Statin preventive medications  | Adults ages 40-75 with cardiovascular disease risk factors with an increased risk of having a cardiovascular event.   |
| Tobacco cessation products   | US FDA approved pharmacotherapy for cessation.  |
| HIV pre-exposure prophylaxis (PrEP) for prevention of HIV infection  | Persons at high risk for HIV. Prior authorization is required.  |
| Formulary covered bowel preparation products used in conjunction with a preventive colorectal cancer screening | As prescribed prior to colorectal cancer screening for those ages 45-75.  |

## Women's Health (See the "Adult Health" section for recommended care for all adults)

| DOCTOR VISITS AND TESTS                            |   |
|--|---|
| ASSESSMENTS, SCREENINGS AND COUNSELING             | RECOMMENDATION  |
| Anemia screening                                   | Screening for pregnant women or women who may become pregnant.  |
| BRCA risk assessment and counseling                | Risk assessments for women with a family history of breast, ovarian, tubal or peritoneal cancer. Women who test positive should receive genetic counseling and, if indicated after counseling, BRCA testing (1 time). |
| Breast cancer screening                            | Every 1-2 years for women 40 years and over. (May be done at a younger age for those with high risk).   |
| Chlamydia screening                                | Screening for sexually active women age 24 years and younger and in older women at increased risk.  |
| Contraceptive counseling and contraception methods | FDA-approved contraceptive methods, sterilization procedures, education and counseling.   |
| Gonorrhea screening                                | Screening for sexually active women 24 and under and in older women at increased risk.  |
| Intimate partner violence screening and counseling | Screening for women of childbearing age and intervention for those who screen positive.   |
| Osteoporosis screening                             | Screening for women age 65 and older. Younger women who are at high risk.   |
| Pap and HPV test (cervical cancer screening)       | Age 21-65 cytology (pap) every 3 years, or for those age 30-65 who wish to lengthen screening interval, pap and HPV every 5 years.  |
| Urinary incontinence screening                     | Screening questions during annual well visit (does not include labs).   |
| DRUGS (Prescription Required)                      |   |
| PRESCRIPTION                                       | RECOMMENDATION  |
| Breast cancer prevention medication                | Approved risk-reducing medications for women at increased risk for breast cancer and low risk for adverse medication effects.   |
| Folic Acid   | Folic acid supplements for women who are planning or capable of pregnancy.  |
| CONTRACEPTIVES (Prescription Required)             |   |
| TYPE   | METHOD  |
| Contraceptives                                     | Approved contraceptive methods (implantable—insertion and removal—and injectable); generic when available.  |
| Permanent  | Sterilization   |

# Pregnant Women's Health

| DOCTOR VISITS AND TESTS                              |  |
|--|--|
| ASSESSMENTS, SCREENINGS AND COUNSELING               | RECOMMENDATION   |
| Anemia screening                                     | Screening for pregnant women.  |
| Bacteriuria screening                                | Screening for pregnant women at 12 to 16 weeks gestation or during first prenatal visit if later.  |
| Breastfeeding support, supplies and counseling       | Interventions before pregnancy and after birth to support breastfeeding.   |
| Diabetes screening after pregnancy                   | Screening for women with a history of gestational diabetes during the one-year postpartum period, additional screening as appropriate.                       |
| Gestational diabetes screening                       | Screening for pregnant women after 24 weeks of gestation.  |
| Hepatitis B screening                                | Screening during the first prenatal visit.   |
| HIV screening  | Screening for all pregnant women.  |
| Preeclampsia screening                               | Screening in pregnant women with blood pressure measurements throughout.   |
| Perinatal depression screening                       | Screening for pregnant and postpartum women, counseling for those at increased risk.   |
| Rh incompatibility screening: first pregnancy visit  | Rh(D) blood typing and antibody testing for all pregnant women during their first pregnancy related visit.   |
| Rh incompatibility screening: 24/28 weeks' gestation | Repeated Rh(D) antibody testing for all unsensitized Rh(D)-negative women at 24-28 weeks' gestation, unless biological father is known to be Rh(D)-negative. |
| Syphilis screening                                   | Screening for all pregnant women.  |
| DRUGS (Prescription Required)                        |  |
| PRESCRIPTION   | RECOMMENDATION   |
| Low-dose aspirin therapy                             | After 12 weeks of gestation for pregnant women who are at risk for preeclampsia.   |

