Preventive Care

Preventive care detects potential problems early when they are easier to treat.

The Affordable Care Act (ACA) provides for preventive services rated A or B to be covered 100 percent when received by participating providers.

Preventive services are those provided when no symptoms or diagnosed medical conditions exist. For services to be covered as preventive, your doctor must bill claims with preventive codes. If a preventive service identifies a condition that needs further testing or treatment, regular copayments, coinsurance, or deductibles may apply.

Here are some preventive services covered with no patient cost:

- · Routine physical exam
- · Routine gynecological exam
- Screening colonoscopy

- · Routine vision exam
- · Routine Pap smear
- · FDA-approved contraception

- · Routine hearing exam
- · Screening mammogram

Immunizations recommended by the Advisory Committee on Immunizations Practices of the Center for Disease Controls and Prevention (CDC) are covered 100 percent if received from a participating provider. As of November 2017, those recommendations are as follows:

Children

VACCINE	Birth	1 Мо	2 Mo	4 Mo	6 Мо	12 Mo	15 Mo	18 Mo	19-23 Mo	2-3 Yrs	4-6 Yrs	7-10 Yrs	11-12 Yrs	13-18 Yrs
Hepatitis B	НерВ	Н€	ерВ		НерВ			ŀ		HepB Catch Up				
Rotavirus			RV	RV	RV									
Diphtheria, Tetanus, Pertussis			DTaP	DTaP	DTaP		DT	аP			DTaP	DTaP Catch Up	DTaP	DTaP Catch Up
Haemophilus Influenzae Type b			Hib	Hib	Hib	Н	ib							
Inactivated Poliovirus			IPV	IPV	IPV				IPV	Poliovirus Catch Up		h Up		
Measles, Mumps, Rubella						MMR MMR MMR				MMR Catch	MR Catch Up			
Varicella						Vari	cella					Varicella	Varicella	Catch Up
Pneumococcal			PCV	PCV	PCV	P	CV							
Influenza			Influenza (Yearly)											
Hepatitis A					HepA (2 Doses) HepA Catch Up									
Meningococcal													MenACWY	MenACWY
Human Papillomavirus													HPV	HPV Catch Up

Adults

VACCINE	19-26 Yrs	27-49 Yrs	50-59 Yrs	60-64 Yrs	≥ 65 Yrs					
Diphtheria, Tetanus, Pertussis (Td/Tdap	One dose of Tdap; then boost with Td every 10 years									
Influenza	One dose annually									
Pneumococcal			1 or 2 doses		1 dose					
Zoster (Shingles)*			Shingrix® va	ccine: 2-dose immuniza	ne: 2-dose immunization after 50					
Zoster (Smirgles)				e: 1-dose after age 60						
IF NOT RECEIVED AS A CHILD										
Measles Mumps, Rubella		MM	IR							
Human Papillomavirus	HPV									
Varicella	Varicella									

^{*}Only one of the shingles vaccines are necessary. EMI Health covers both old and new vaccines. If you have already had the shingles vaccine, you do not need the new vaccine and a second, unnecessary vaccine is not covered by EMI Health.

Find the full list of preventive services at http://bit.ly/USPSTF_AB. The list is subject to change based on federal guidelines. This information does not apply to grandfathered plans. Please see your summary of benefits and member handbook on the details of your specific plan.