

**2022 Preventive Schedule** 

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# 2022 Preventive Schedule

Good news — your health benefits and insurance plan cover the services listed here with no cost share as part of preventive care.

Many of these services are covered as part of physical exams. These include regular checkups, routine gynecological exams and wellness exams for children. You won't have to pay out of pocket for these preventive visits when they are provided in network.

But these services are generally not preventive if you get them as part of a visit to diagnose, monitor or treat an illness or injury. In these cases, copays, coinsurance and deductibles may apply.

Aetna follows the recommendations of national medical societies about how often children, men and women need these services. Be sure to talk with your doctor about which services are right for your age, gender and health status.

## Questions?



Call your Aetna concierge team



Ask your doctor



Log in to your Aetna Navigator account

Adults: Ages 19+





**Female** 

#### **General Health Care**



Routine Checkup\* (This exam is not the work- or school-related physical)

- · Ages 19 to 49: Every 1 to 2 years
- Ages 50 and older: Once a year



Pelvic, Breast Exam

Once a year

### **Screenings/Procedures**



**Abdominal Aortic Aneurysm** Screening

Ages 65 to 75 who have ever smoked: One-time screening



**Ambulatory Blood Pressure** Monitoring

To confirm new diagnosis of high blood pressure before starting treatment - service is limited to once per calendar year



**Breast Cancer Genetic (BRCA) Screening** (Requires prior authorization)

Those meeting specific high-risk criteria: One-time genetic assessment for breast and ovarian cancer risk



Cholesterol (Lipid) Screening

· Ages 20 and older: Once every 5 years





**Colon Cancer Screening** (Including Colonoscopy)

- · Ages 45 and older: Every 1 to 10 years, depending on screening test
- High-risk: Earlier or more frequently

<sup>\*</sup> Routine checkup could include health history; physical; height, weight and blood pressure measures; body mass index (BMI) assessment; counseling for obesity, fall prevention, skin cancer and safety; depression screening; alcohol and drug abuse, and tobacco use assessment; and age-appropriate guidance.

Screenings/Procedures (cont.)	
Certain Colonoscopy Preps With Prescription	<ul><li>Ages 50 and older: Once every 10 years</li><li>High-risk: Earlier or more frequently</li></ul>
Diabetes Screening	High-risk: Ages 40 and older, once every 3 years
Hepatitis B Screening	High-risk and pregnant women at their first prenatal visit
Hepatitis C Screening	High-risk
Lung Cancer Screening (Requires prior authorization)	Ages 50 to 80 with 20-pack per year history: Once a year for current smokers, or once a year if currently smoking or quit within past 15 years
Mammogram	Ages 40 and older: Once a year including 3-D
Osteoporosis (Bone Mineral Density) Screening	Ages 60 and older: Once every 2 years
Pap Test	Ages 21 and older: Per doctor's advice
Sexually Transmitted Disease (STD) Screenings (Chlamydia, Gonorrhea, HIV and Syphilis)	Sexually active males and females
Immunizations	
Chicken Pox (Varicella)	Adults with no history of chicken pox: One 2-dose series
Diphtheria, Tetanus (Td/Tdap)	<ul><li>One-time Tdap</li><li>Td booster every 10 years</li></ul>
Flu (Influenza)	Every year (Must get at your PCP's office or designated pharmacy vaccination provider; call Member Service to verify that your vaccination provider is in the Aetna network)
Haemophilus Influenzae Type B (Hib)	For adults with certain medical conditions to prevent meningitis, pneumonia and other serious infections; this vaccine does not provide protection against the flu and does not replace the annual flu vaccine
Hepatitis A	At-risk or per doctor's advice: One 2-dose series

<sup>\*</sup> Routine checkup could include health history; physical; height, weight and blood pressure measures; body mass index (BMI) assessment; counseling for obesity, fall prevention, skin cancer and safety; depression screening; alcohol and drug abuse, and tobacco use assessment; and age-appropriate guidance.

<sup>\*</sup> Meningococcal B vaccine per doctor's advice.

Adults: Ages 19+						
Immunizations (cont.)						
Hepatitis B	At-risk or per doctor's advice: One 3-dose series					
Human Papillomavirus (HPV)	Ages 9 to 26: One 3-dose series					
Measles, Mumps, Rubella (MMR)	One or two doses					
Meningitis*	At-risk or per doctor's advice					
Pneumonia	High-risk or ages 65 and older: Or	ne or two doses, per lifetime				
Shingles (Zoster)	Ages 50 and older: One dose					
Preventive Care for Pregnant Women						
Screenings and Procedures	<ul> <li>Gestational diabetes screening</li> <li>Hepatitis B screening and immunization, if needed</li> <li>HIV screening</li> <li>Syphilis screening</li> <li>Smoking cessation counseling</li> </ul>	<ul> <li>One depression screening for pregnant women and one for postpartum women</li> <li>Rh typing at first visit</li> <li>Rh antibody testing for Rh-negative women</li> <li>Tdap with every pregnancy</li> <li>Urine culture and sensitivity at first visit</li> </ul>				
Prevention and Counseling Services						
Adults With BMI 25 to 29.9 (Overweight) and 30 to 39.9 (Obese) Are Eligible For:	<ul> <li>Additional annual preventive office visits specifically for obesity and blood pressure measurement</li> <li>Additional nutritional counseling visits specifically for obesity</li> </ul>	<ul> <li>Recommended lab tests:</li> <li>ALT</li> <li>AST</li> <li>Hemoglobin A1c or fasting glucose</li> <li>Cholesterol screening</li> </ul>				
Counseling for:	<ul> <li>Alcohol misuse</li> <li>Domestic violence</li> <li>Nutritional diet (for adults with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease)</li> </ul>	<ul> <li>Obesity</li> <li>Sexually transmitted infection (STI) prevention (for adults at higher risk)</li> <li>Tobacco use (including programs to help you stop using tobacco)</li> </ul>				
Breast-feeding (Lactation) Support and Counseling, and Costs for Equipment	During pregnancy and/or after del	ivery (postpartum)				

<sup>\*</sup> Routine checkup could include health history; physical; height, weight and blood pressure measures; body mass index (BMI) assessment; counseling for obesity, fall prevention, skin cancer and safety; depression screening; alcohol and drug abuse, and tobacco use assessment; and age-appropriate guidance.

<sup>\*</sup> Meningococcal B vaccine per doctor's advice.

# Children's health preventive schedule

Children: Birth to 30 Months<sup>1</sup>



General Health Care	Birth	1M	2M	4M	6M	9M	12M	15M	18M	24M	30M
Routine Checkup* (This exam is not the preschool- or day care-related physical.)	•	•	•	•	•	•	•	•	•	•	•
Hearing Screening	•										
Screenings											
Autism Screening									•	•	
Critical Congenital Heart Disease (CCHD) Screening With Pulse Oximetry	•										
Developmental Screening						•			•		•
Hematocrit or Hemoglobin Screening							•				
Lead Screening						•					
Newborn Blood Screening	•										
Immunizations											
Chicken Pox							Do:	se 1			
Diphtheria, Tetanus, Pertussis (DTaP)			Dose 1	Dose 2	Dose 3			Do	se4		
Flu (Influenza)**					Ages 6	5 month	s to 30 r	months:	1 or 2 do	oses anr	iually
Haemophilus Influenzae Type B (Hib)			Dose 1	Dose 2	Dose 3		Dos	se4			
Hepatitis A							Dose 1		Dose 2		
Hepatitis B	Dose 1		Dose 2				Dose3				
Measles, Mumps, Rubella (MMR)							Dos	se1			
Pneumonia			Dose 1	Dose 2	Dose 3		Dos	se4			
Polio (IPV)			Dose 1	Dose 1	Ages 6	month	s to 18 r	months:	Dose 3		
Rotavirus			Dose 1	Dose 2	Dose 3						

<sup>\*</sup> Routine checkup could include height and weight measures, behavioral and developmental assessment, and age-appropriate guidance. Additional: Instrument vision screening to assess risk for ages 1 and 2 years. \*\* Must get at your PCP's office or designated pharmacy vaccination provider. Call Member Service to verify that your vaccination provider is in the Aetna network.

## Children: 3 Years to 18 Years<sup>1</sup>



General Health Care	3Y	4Y	5Y	6Y	7Y	8Y	9Y	10Y	11Y	12Y	15Y	18Y
Routine Checkup* (This exam is not the preschool- or day care-related physical.)	•	•	•	•	•	•	•	•	Once a	year fro	om ages i	11 to 18
Ambulatory Blood Pressure Monitoring**												•
Depression Screening									Once a	year fro	om ages	11 to 18
Hearing Screening		•	•	•		•		•		•	•	
Visual Screening***	•	•	•	•		•		•		•	•	•
Screenings												
Hematocrit or Hemoglobin Screening			Annua	ally for fe	emales d	uring ad	olescen	ce and w	hen indi	icated		
Lead Screening	When	indicate	d (Please	e also re	fer to yo	ur state	-specific	recomn	nendatio	ns)		
Immunizations												
Chicken Pox			Dose 2							vaccin Dose 1	orevious ated: I and 2 eks apart	
Diphtheria, Tetanus, Pertussis (DTaP)			Dose 5			e of Tdap notreceiv						1 dose every 10 yrs.
Flu (Influenza)**	Ages 3	3 to 18: 1	l or 2 dc	ses ann	nually							
Human Papillomavirus (HPV)							cervic Ages 9	al and of 9 to 26: 3	term pro ther can doses. onths, do	cers. From do	Ü	S.
Measles, Mumps, Rubella (MMR)			' 2 (at leas n apart fi l)									

<sup>\*</sup> Routine checkup could include height and weight measures, behavioral and developmental assessment, and age-appropriate guidance. \*\* To confirm new diagnosis of high blood pressure before starting treatment. \*\*\* Covered when performed in doctor's office by having the child read letters of various sizes on a Snellen chart. Includes instrument vision screening for ages 3, 4 and 5 years. A comprehensive vision exam is performed by an ophthalmologist or optometrist and requires a vision benefit. \*\*\*\* Must get at your PCP's office or designated pharmacy vaccination provider. Call Member Service to verify that your vaccination provider is in the Aetna network. \*\*\*\*\* Meningococcal B vaccine per doctor's advice.

## Children: 3 Years to 18 Years<sup>1</sup>

Immunizations (cont.)												
	3Y	4Y	5Y	6Y	7Y	8Y	9Y	10Y	11Y	12Y	15Y	18Y
Meningitis****									Do	se1	Age 16 One-ti booste	me
Pneumonia	Per do	octor's a	dvice									
Polio (IPV)			Dose 4									
Care for Patients Wit	h Risk	Factors										
BRCA Mutation Screening (Requires prior authorization)					Per do	octor's a	dvice					
Cholesterol Screening Screening will be done based on the child's family history and risk factors												
Fluoride Varnish (Must use primary care doctor)	Ages	5 and yo	ounger									
Hepatitis B Screening									Per d	octor's a	dvice	
Hepatitis C Screening											High-r	isk
Sexually Transmitted Disease (STD Screenings (Chlamydia, Gonorrhea, HIV and Syphilis)									For all	sexually duals	/ active	
Tuberculin Test									Per do	octor's a	dvice	

<sup>\*</sup> Routine checkup could include height and weight measures, behavioral and developmental assessment, and age-appropriate guidance. \*\* To confirm new diagnosis of high blood pressure before starting treatment. \*\*\* Covered when performed in doctor's office by having the child read letters of various sizes on a Snellen chart. Includes instrument vision screening for ages 3, 4 and 5 years. A comprehensive vision exam is performed by an ophthalmologist or optometrist and requires a vision benefit. \*\*\*\* Must get at your PCP's office or designated pharmacy vaccination provider. Call Member Service to verify that your vaccination provider is in the Aetna network. \*\*\*\*\* Meningococcal B vaccine per doctor's advice.

## Children: 6 Months to 18 Years 👬

### Prevention of Obesity and Heart Disease

Children With a BMI in the 85th to 94th Percentile (Overweight) and the 95th to 98th Percentile (Obese) Are Eligible For:

- Additional annual preventive office visits specifically for obesity
- Additional nutritional counseling visits specifically for obesity
- Recommended lab tests:
- Alanine aminotransferase (ALT)
- Aspartate aminotransferase (AST)
- Hemoglobin A1c or fasting glucose (FBS)
- Cholesterol screening

## Women's Health Preventive Schedule



Services	
Well-Woman Visits (Including preconception and first prenatal visit)	Up to 4 visits each year for age and developmentally appropriate preventive services
Contraception (Birth Control) Methods and Discussion*	All women planning or capable of pregnancy
Screenings/Procedures	
Diabetes Screening	<ul> <li>All women between 24 and 28 weeks pregnant</li> <li>High-risk: At the first prenatal visit</li> </ul>
HIV Screening and Discussion	All sexually active women: Once a year
Human Papillomavirus (HPV) Screening Testing	Beginning at age 30: Every 3 years Considered preventive when performed with cervical cancer screening
Domestic and Intimate Partner Violence Screening and Discussion	Once a year
Sexually Transmitted Infections (STI) Discussion	All sexually active women: Once a year

#### **Exclusions and limitations**

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent.

<sup>\*</sup> FDA-approved contraceptive methods may include sterilization and procedures as prescribed. One form of contraception in each of the 18 FDA-approved methods is covered without cost sharing. If the doctor recommends a clinical service or FDA-approved item based on medical necessity, there will be no cost sharing.

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