



2008 Preventive Health Benefits

Quick Reference Guide

Your CIGNA HealthCare plan focuses on helping to keep you well, rather than just providing benefits for covered illness or injury. Your plan includes coverage for wellness services for women, men and kids.

Your doctor will determine the tests that are right for you based on your age, gender and family history. Listed below are some services commonly provided as preventive care. Deductibles, coinsurance and/or copayments may apply. Please see your benefits materials for details.

WELLNESS EXAMS & IMMUNIZATIONS

	Birth to 2 Years	Ages 3 to 10	Ages 11 to 18	Ages 19 and older
Well-baby/Well-child/ Well-person exams	Birth, 1, 2, 4, 6, 9, 12, 15, 18, 24 & 30 months. Additional visit at 2-4 days for infants discharged less than 48 hours after delivery	Once a year for children ages 3 - 5 & every 2 years for children ages 6 - 10	Once a year	Periodic visits, depending on your age
Diphtheria, tetanus and acellular pertussis (DTaP)	2, 4, & 6 months & between 15 & 18 months	Between ages 4 & 6	Tetanus – diphtheria – acellular pertussis (Tdap) given once, ages 11-64	Tetanus-diphtheria (Td) every 10 years; Tdap given once, ages 11-64
Haemophilus influenzae b (Hib)	2, 4 & 6 months & between 12 & 15 months			
Hepatitis A	Between 12 & 23 months			May be required for persons at risk
Hepatitis B virus (HBV)	At birth, 1 to 4 months, & 6 to 18 months	Between ages 3 & 10 if not previously immunized	Between ages 11 & 18 if not previously immunized	May be required for persons at risk
HPV (Gardasil®)		Girls ages 9-10, as your doctor advises	Girls and women ages 11-12, catch up ages 13-26	Catch up, women through age 26
Influenza vaccine	Annually between 6 & 59 months			Ages 19 to 49, as your doctor advises; ages 50 & older, annually
Measles-mumps-rubella (MMR)	Between 12 & 15 months	Between ages 4 & 6 or 11 & 12 if not given earlier	If not already immune	Rubella (German Measles) women of childbearing age if not immune
Meningococcal (MCV4)			All persons ages 11-18	
Pneumococcal conjugate (PCV) (pneumonia)	2, 4, & 6 months & between 12 & 15 months			Ages 65 & older, once (or younger than 65 for those with risk factors)
Poliovirus (IPV)	2 and 4 months & between 6 & 18 months	Between ages 4 & 6		
Rotavirus (RotaTeq®)	2, 4, 6 months			
Varicella (chickenpox)	Between 12 & 18 months	Between 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
Zoster				Ages 60+

SCREENINGS

	Birth to 2 Years	Ages 3 to 10	Ages 11 to 18	Ages 19 and older
Blood pressure		At each visit	Once a year	Every 2 years or as your doctor advises
Cholesterol		Selective screening of children and adolescents at risk due to family history		Complete lipoprotein profile, fasting non-fasting at ages 20 & older, every 5 years
Colon cancer				Colorectal cancer screenings ages 50 and older: <ul style="list-style-type: none"> · Sigmoidoscopy once every 5 years* · Colonoscopy once every 10 years* · Fecal occult blood test annually · Barium enema once every 5 years* <small>*Outpatient copay applies</small>
Diabetes				45 and older, or if history of risk factor, every 3 years
Hearing	Newborn & as doctor advises	4, 5, 6, 8 & 10 or as doctor advises	12, 15 & 18 or as doctor advises	65 & older or as your doctor advises
Hemoglobin or hematocrit			Once a year for females after menarche	
PSA				Once a year for men 50+ or any age with risk factors
Size Measurements	Weight, length & head circumference at each visit	Height & weight at each visit	Height and weight once a year	Height and weight periodically; include BMI
Ultrasound Acute Abdominal Aneurysm				Men 65-75 who have ever smoked
Vision		3, 4, 5, 6, 8 & 10 or as doctor advises	12, 15 & 18 or as doctor advises	By Snellen chart ages 65 & older, as often as your doctor advises

WOMEN'S HEALTH

	Ages 19 and older
Chlamydia	Sexually active females age 24 and under
Mammogram	Women ages 40 & older, annually
Osteoporosis	Age 65 or older (or at 60 for women at risk)
Pap test	Women ages 19 to 64, at least every 3 years

Benefit 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 benefits, are included in the Summary Plan Description or Insurance Certificate.

These preventive health services are based on recommendations from the Advisory Committee on Immunization Practices, U.S. Preventive Services Task Force, American Academy of Pediatrics, and other nationally recognized authorities. For additional information on immunizations, visit the immunization schedule section of www.cdc.gov. This document is a general guide. Always discuss your particular preventive care needs with your doctor.

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