

State Employee Health Plan

Did you know that preventive screenings are covered at 100% when using a network provider (with no deductible and no copay!)

PREVENTIVE CARE FOR MEDICAL PLANS A, B & C		
Age Appropriate Physical Exams & Routine Health Screenings	Limited to one visit or service per year unless otherwise noted	
	Network	Non Network
<p>Well Baby Exams *₁. - (includes multiple office visits as specified in benefit description)</p> <ul style="list-style-type: none"> • Includes newborn screenings for: <ul style="list-style-type: none"> ○ Congenital hypothyroidism ○ Sickle cell disease ○ Gonococcal ophthalmia neonatorum ○ Phenylketonuria (PKU) ○ Hearing Check 	Covered in Full	Not Covered
<p>Well Child Annual Exam *₁.</p> <ul style="list-style-type: none"> • Includes screenings for: <ul style="list-style-type: none"> ○ Adolescent depression ○ HIV & Sexually Transmitted Infections (STIs) ○ Obesity 	Covered in Full	Not Covered
<p>Well Woman Annual Exam *₁.</p> <ul style="list-style-type: none"> • Includes screenings for: <ul style="list-style-type: none"> ○ HIV & Sexually Transmitted Infections (STIs) ○ Cervical & Colorectal Cancer ○ High Blood Pressure & Cholesterol ○ Diabetes ○ Depression ○ Osteoporosis 	Covered in Full	Not Covered
<p>Well Man Annual Exam *₁.</p> <ul style="list-style-type: none"> • Includes screenings for: <ul style="list-style-type: none"> ○ Prostate exam ○ HIV & Sexually Transmitted Infections (STIs) ○ High Blood Pressure & Cholesterol ○ Diabetes ○ Depression ○ Colorectal Cancer 	Covered in Full	Not Covered
<p>Prenatal Services:</p> <ul style="list-style-type: none"> • Initial screenings for: <ul style="list-style-type: none"> ○ Hepatitis B ○ Bacteruria ○ RH Incompatibility • Screenings during pregnancy for: <ul style="list-style-type: none"> ○ Iron Deficiency Anemia ○ Sexually Transmitted Infections (STIs) 	Covered in Full	Not Covered
Age Appropriate Bone Density Screening	Covered in Full	Not Covered
Colonoscopy Screenings (<i>not limited to one</i>)	Covered in Full	Not Covered

State Employee Health Plan

Did you know that preventive screenings are covered at 100% when using a network provider (with no deductible and no copay!)

Immunizations for Routine Use* <ul style="list-style-type: none"> Under Age 18 Over Age 18 <p><i>*Excludes immunizations required for employment or foreign travel.</i></p>	<p>Covered in Full</p> <p>Covered in Full</p>	<p>Covered in Full to Age 6, Otherwise Deductible & 50% Coinsurance</p> <p>Deductible & 50% Coinsurance</p>
Mammography (not limited to one)	Covered in Full	Not Covered
Routine Hearing Exam	Covered in Full	Not Covered
Routine Vision Exam *₁	Covered in Full	Not Covered
Ultrasonography for Aortic Aneurysm <ul style="list-style-type: none"> Men Age 65 to 75 History of Tobacco Use Once per Lifetime 	Covered in Full	Not Covered

*₁. Services billed with a medical diagnosis instead of routine checkup will be subject to the plan deductible and office visit copays.

During your annual well person check the physician may talk with you about:

- Healthy diet
- Obesity/Weight management
- Sexually Transmitted Infections (STIs)
- Chemoprevention for dental caries (fluoride)
- Iron Deficiency
- Tobacco and Alcohol usage
- Aspirin usage
- Breast Cancer Risks/screening
- Folic Acid intake

PREVENTIVE CARE UNDER THE DENTAL PLAN

	Network	Non Network
<p>Diagnostic and preventative services are covered at 100% with no deductible and no copay. Covered services include:</p> <ul style="list-style-type: none"> Prophylaxis/cleanings - twice per plan year Oral examinations - twice per plan year Bitewing x-rays <ul style="list-style-type: none"> adults - 1x a year children under 18 - 2 x a year Full mouth x-rays - once each five (5) years Ancillary - emergency relief of pain 	Covered in Full	Covered at 100% of the allowed charge

Review the preventive services section of your benefit description booklet for details.

State Employee Health Plan Website
<http://www.sehbp.org>